(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

F CONTRACTOR OR SUBC	ONTRACTOR 🗸	Wage DC1 Det:	1700	002 (M	od. 3)			-	ADDRESS	2320 Old Waldorf,	Washingto MD 20601	n Road						
L NO.		FOR WEEK END 07/29/2018	DING					S	PROJECT A St. Elizab Vashingto		ON Campus Bu	uilding 54				T OR CONTR. 57.1700/G		-MK-C-0020
(1)	(2) SNOOL UONO	(3)	1 - 1	MON TU	(4) DAY	THU FF	RI SAT		(5)	(6)	(7)	DE	(8) EDUCTIONS	* Other	r Deductions -	- 1) Local Tax 2) Local Tax 3) Other Ded	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	SWITH-HOLDING CI	LASSIFICATION	D ST,	- I	RS WOR	- i	ACH DA		TOTAL HOURS	RATE OF PAY (b) (4)	GROSS AMOUNT FARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
		on/General	0 S	0	<u> </u>	0 8.00 8.0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0.00 0.00 22.00									
	Labore Commo	er: on/General	D O S	0 0 0 0 0 0 0 0 0					0.00 0.00 24.00									
	Labore Commo	er: on/General	D O S	0	0 0 0 0 0 0 8.00 8	0 0 8.00 8.00	0 0 0 0 0 0 0	0	0.00 0.00 40.00									
	Brickla	yer:	D O S	Ĭ	0 0 0 0 0 8.00 8		0 0 0 6.00 00 0	0	0.00 6.00 40.00									

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	OF CONTRACTOR OR SUBCONT	_	✓ Wage DC Det:	170002 (Mod. 3)	ADDRESS	2320 Old Waldorf,	d Washingto MD 20601	on Road					
PAY 1.1	DLL NO.		FOR WEEK EN 07/29/2018	DING	PROJECT A St. Elizabe Washingto	eths West	on t Campus B	uilding 54			T OR CONTR. 57.1700/G		-MK-C-0020
	(1)	(2) SNOIL	(3) WORK	(4) DAY AND DATE		(6)	(7)	(8) DEDUCTIONS	* Other D	Deductions -	1) Local Tax 2) Local Tax 3) Other Ded	2	(9) NET WAGES
(6)	NAME. ADDRESS, AND Identification Number OF EMPLOYEE		CLASSIFICATION aborer:	23   24   25   26   27   28   29   29   29   29   29   29   29	TOTAL HOURS 0 0.00	RATE OF PAY b) (4)	GROSS AMOUNT FARNED	FICA WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
		0	ommon/General	O         0         0         0         0         0         0           S         0         0         0         0         0         6.00	0.00								
		lı a	aborer/Skilled		ol 0.00								
		1	BOTE!/Skilled	0 0 0 0 0 0	0.00 0 0.00 0 38.00								
		0 La	aborer/Skilled	D         0         0         0         0         0         0           O         0         0         0         0         0         6.00           S         8.00         8.00         8.00         8.00         8.00         0	0.00 0 6.00 0 40.00								
		·											
		1 Br	icklayer:	D         0         0         0         0         0         0           O         0         0         0         0         0         0         0           S         0         0         0         0         8.00         6.00	0 0.00 0 0.00 0 14.00	,	,						

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Atlantic Refinishing & Restoration, Inc.	CTOR 🗸	Wage DC Det:	17000	02 (Mod. 3	3)		ADDRESS		d Washingto MD 20601	n Road						
PAYROLL NO. 1.1		FOR WEEK EN 07/29/2018					PROJECT A St. Elizabe Washingto	eths West	t Campus B	uilding 54				T OR CONTR 57.1700/G		MK-C-0020
(1)	EXEMPTIONS (2)	(3) WORK		ION TUE WE	DAY AND DATE	SAT SUN		(6)	(7)	DE	(8) DUCTIONS	* Othe	r Deductions -	1) Local Tax 2) Local Tax 3) Other Dec	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number	I	LASSIFICATION		23 24 25 HOURS W	5 26 27 2	28 29 1 DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
	Labore Comm	er: non/General	D O S 8	0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0	0.00 0.00 32.00	(b) (4)								
	Brickla 1	ıyer:	D O S	9 9	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	0.00 0.00 28.00									
	Labore Comm 1	er: oon/General	D O S 8	0 0 0 0 0 3.00 8.00 8.0	0 0 0 0 0 0 0 8.00 8.00	0 0 0 0 0 0	0.00 0.00 40.00									
	Labore	er/Skilled	D	0 0	0 0 0	0 0	0.00									
	2		O S 8	0 0 8.00 8.00	0 0 0	0 0	0.00									

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	NAME OF CONTRACTOR OR SUBCONT Atlantic Refinishing & Restoration, Inc		₩age DC Det:	C170002 (Mod. 3)			Washingto MD 20601	n Road					
	PAYROLL NO. 1.1		FOR WEEK EN 07/29/2018	0	PROJECT AI St. Elizabe Washingto	ths West	ON Campus Bi	uilding 54			OR CONTR.		-MK-C-0020
	(1)	(2) SNOL	(3)	(4) DAY AND DATE  MON TUE WED THU FRI SAT SUN	4 1	(6)	(7)	(8) DEDUCTIONS	* Other D		1) Local Tax 2) Local Tax 3) Other Ded	2	(9) NET WAGES
<b>(h)</b>	NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS		HOURS WORKED EACH DAY	TOTAL HOURS	RATE OF PAY b) (4)	GROSS AMOUNT	FICA WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
(U) (	(6)	1	Laborer: Common/General	D         0         0         0         0         0         0           O         0         0         0         0         0         0         0           S         8.00         8.00         8.00         8.00         8.00         0         0         0	0.00 0.00 40.00	(-)							
		1	Bricklayer:	D   0   0   0   0   0   0   0   0   0	0.00								
		3	Bricklayer:	D         0         0         0         0         0         0         0           O         0         0         0         0         0         0         0           S         0         8.00         8.00         8.00         4.00         0         0	0.00 0.00 28.00								
		2	Bricklayer:	D   0   0   0   0   0   0   0   0   0	0.00								
				S 8.00 0 0 0 0 0 0	8.00		· I						

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBC	nc.	od. 3)			ADDRESS		d Washingto MD 20601	n Road									
PAYROLL NO. 1.1		FOR WEEK EN 07/29/2018		3				PROJECT St. Elizal Washing		ion t Campus B	uilding 54				T OR CONTR 357.1700/C		-MK-C-0020
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS	(3) WORK	5	MON TU	E WED	AND DATE	SAT SUI	_	(6)	(7)	DE	(8) EDUCTIONS	* Othe	er Deductions	- 1) Local Tax 2) Local Tax 3) Other Dec	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number  (b) (6)	Labore	ELASSIFICATION Der:	D ST,	HOU		26 27 KED EACH	28 29 H DAY	TOTAL HOURS	RATE OF PAY (b) (4)	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
	0 Comm	non/General	0	0	0 0 0	0 0	0 0	-	_								
	Brickla 1	ayer:	D 0 8	0	0 0 0 0 0 0	0 0 0 0 0 8.00	0 0 6.00 0	0.00	-								
	Brickla 0	ayer:	D O S	0	0 0 0 0 0 8.00	0 0 0 0 8.00 4.00	0 0	0.00 0 0.00 0 36.00	-								
									-								
	0 Labore	er: ion/General	D O S		0 0 0 0 0 8.00	0 0 0 0 0 0	0 0	0.00 0.00 0.00 24.00	-								

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

OF CONTRACTOR ☐ OR SUBCONTRACTOR ✓ ntic Refinishing & Restoration, Inc.	Wage DC17 Det:	70002 (Mod. 3)	ADDRESS 2320 Old Washington Waldorf, MD 20601	n Road	
DLL NO.	FOR WEEK ENDIN 07/29/2018	:	PROJECT AND LOCATION St. Elizabeths West Campus Bu Washington, D.C.	uilding 54	PROJECT OR CONTRACT NO. G17.0357.1700/GS-11-P-17-MK-C-0020
(2) SNIOTO		(4) DAY AND DATE  MON TUE WED THU FRI SAT SUN	(5) (6) (7)	(8) * Other Di	eductions - 1) Local Tax 1 (9) 2) Local Tax 2 3) Other Deductions NET WAGES
NO	CLASSIFICATION	23 24 25 26 27 28 29  HOURS WORKED EACH DAY  D 0 0 0 0 0 0 0 0 0	TOTAL RATE AMOUNT OF COMMENT OF C	WITH- HOLDING FICA TAY SWH I	PAID TOTAL FOR WEEK/ Medicare OTHER* DEDUCTIONS Check No.
1		O 0 0 0 0 0 0 0 0 S 0 0 8.00 0 0 0 0	0.00		
Brick	·	D 0 0 0 0 0 0 0 0 0 O 0 0 0 0 0 0 0 0 0 S 0 8.00 8.00 8.00 8.00 6.00 0	0.00 0.00 38.00		
3 Labo	mon/General	D 0 0 0 0 0 0 0 0 0 O 0 0 0 0 0 0 0 0 0 S 0 0 8.00 8.00 8.00 6.00 0	0.00		
			· · · · · ·		
O Brick	,	D 0 0 0 0 0 0 0 0 O 0 0 0 0 0 0 0 S 8.00 0 0 0 0 0 0	0.00		

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

OF CONTRACTOR OR SUBCONTRACTOR Wage DC170002 (Mod. 3)  tic Refinishing & Restoration, Inc.  PLL NO. FOR WEEK ENDING										A			d Washingto MD 20601	n Road				
).		FOR WEEK EN 07/29/2018	DING	;						S	ROJECT A t. Elizabe /ashingto	ND LOCATI eths West on, D.C.	ion t Campus Bi	uilding 54		OR CONTRA		'-MK-C-0020
	MITHHOLDING EXEMPTIONS CT	(3) WORK	타		TUE	WED	тни	DATE FRI S	SATS		(5)	(6)	(7)	(8) * DEDUCTIONS	Other D	1) Local Tax 1 2) Local Tax 2 3) Other Dedu	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number		ASSIFICATION	ST,			25 S WOR		EACH	28 Z	_	TOTAL HOURS	RATE b) (4)	GROSS AMOUNT	WITH- HOLDING			TOTAL	PAID FOR WEEK/
	Laborer Commo	r: on/General	D 0	0	0	0	0	0	0	0	0.00							
			S	0	0	8.00	8.00	8.00 6	5.00	0	30.00							
	Bricklay	/er:	D O S					0 0 0	0.00 0.00 24.00									
	Bricklay	/er:	D 0	0	0	0	0	0	0	0	0.00							
			S	0	0	0	0	8.00 6	5.00	0	14.00							
	Laborer Commo 8	r: on/General	D 0 8	0 0	0 0	0 0 8.00	0 0 8.00	0 0 8.00	0 0	0 0	0.00 0.00 24.00							

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	E OF CONTRACTOR OR SUBCONT antic Refinishing & Restoration, Inc		Wage DC1 Det:	70	0002 (1	Mod	d. 3)				ADDRESS	2320 Old Waldorf,	d Washingto MD 20601	on Road			
PAY 1.1	ROLL NO.		FOR WEEK ENI 07/29/2018	DIN	G						PROJECT A St. Elizab Washingte	eths West	on t Campus Bu	Building 54	OR CONTRAC 57.1700/GS		-MK-C-0020
	(1)	(2) SNOING (2) LIONS	(3) WORK	16		TUE	4) DAY AI	HU F	RI SA			(6)	(7)	(8) * Other D DEDUCTIONS	1) Local Tax 1 2) Local Tax 2 3) Other Deduc	tions	(9) NET WAGES
b) (6)	NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION Laborer:	J ST,	HC		25 26 S WORKI	ED E		29 AY	TOTAL HOURS	RATE (b) (4)	GROSS AMOUNT	WITH- HOLDING		TOTAL	PAID FOR WEEK/ Check No.
		1	Common/General	D 0 S	0	0 8.00	0	0 0 8.	1	0 0	0.00						
		1	Bricklayer:	D 0 8	0	0 0 8.00	0	0 0 0 8.	0	0 0 0	0.00						
		1	Laborer: Common/General	D 0 8	0	0 0 8.00		0 0 0 00 8.		0 0 0	0.00						
		0	Laborer/Skilled	D 0 8	0	0 0 8.50	0	0 0	0 6.0	0 0 0	0.00 6.00 25.50						

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR Atlantic Refinishing & Re	or subcontractor	Wage DC′ Det:	170002 (Mod. 3)	ADDRESS		d Washingto MD 20601	n Road						
PAYROLL NO. 1.1		FOR WEEK EN 07/29/2018	DING	PROJECT A St. Elizab Washingto	eths Wes	on t Campus Bi	uilding 54				T OR CONTR. 57.1700/G		-MK-C-0020
(1)	(2) SNOIL PDIOT	(3)	(4) DAY AND DATE  MON TUE WED THU FRI SAT SU		(6)	(7)	DE	(8) DUCTIONS	* Othe		1) Local Tax 2) Local Tax 3) Other Ded	2	(9) NET WAGES
NAME, ADDRESS, AN Identification Numbe OF EMPLOYEE		WORK CLASSIFICATION	23 24 25 26 27 28 2 HOURS WORKED EACH DAY	9 TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTION	PAID FOR WEEK/ Check No.
, (0)	2	Laborer: Common/General	D         0         0         0         0         0         0           O         0         0         0         0         0         0         0           S         0         8.00         8.00         8.00         8.00         6.00         6.00	<ul><li>0.00</li><li>0.00</li><li>38.00</li></ul>	(b) (4)								
	1	Bricklayer:	D         0         0         0         0         0         0           O         0         0         0         0         0         0         0           S         0         8.00         8.00         8.00         8.00         6.00	0 0.00 0 0.00 0 38.00									
	0	Laborer: Common/General	D         0         0         0         0         0         0         0           O         0         0         0         0         0         0         0         0           S         0         8.00         8.00         8.00         8.00         6.00         6.00	0 0.00 0 0.00 0 38.00									
	1	Laborer: Common/General	D	0 0.00 0 0.00 0 22.00									

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

_	antic Refinishing & Restoration, Inc.											d Washingto MD 20601	n Road						
PAYROLL NO. 1.1		FOR WEEK END 07/29/2018	ING						5	PROJECT / St. Elizab Washingt	eths Weston, D.C.	ion t Campus Bi	uilding 54	4			T OR CONTR 357.1700/G		-MK-C-0020
(1)	NO. OF WITHOLDING (2) EXEMPTIONS (3)	(3) WORK	OT or DT		JE WE	AY AND	FRI	SAT		(5)	(6)	(7)	D	(8) DEDUCTIONS	* Other	Deductions	- 1) Local Tax 2) Local Tax 3) Other Ded	2	(9) NET WAGES
NAME. ADDRESS, AND Identification Number OF EMPLOYEE		02.001010.1	S			5 26 ORKEE		H DA	29 Y	TOTAL HOURS	RATE (b) (4)	GROSS AMOUNT	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
	1 Brick		D O	0	Ĭ	0 0	0	0	Ĭ	0.00	(-) ( )								
			S	3.00 8.	.00 8.0	0 8.00	8.00	0	0	40.00									
	0 Brick	·	D O S	0 0 0 8.	0 0 00 8.0	0 0 0 0 0 8.00	0 0 4.00	0 0 6.00	0 0	0.00 0.00 34.00									
	2 Brick		D O S a	0 0 3.00 8.	0 0 8.0	0 0 0 0 0 8.00	0	0 0	0 0	0.00 0.00 40.00									
	4		D O S	0 0 0 8.	0 0 00 8.0	0 0 0 0	0 0 8.00	0 0	0	0.00 0.00 32.00									

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

<u>—</u>	tlantic Refinishing & Restoration, Inc.												d Washingto MD 20601	n Road						
PAYROLL NO. 1.1		FOR WEEK END 07/29/2018	ING	i						S			ion t Campus B	uilding 54	ļ			T OR CONTR 357.1700/0		-MK-C-0020
(1)	(2) SNOIL	WORK CLASSIFICATION				ED 1	тни	DATE FRI S	SAT		(5)	(6)	(7)	DE	(8) EDUCTIONS	* Othe	er Deductions	- 1) Local Tax 2) Local Tax 3) Other Dec	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK SSIFICATION    23   24   25   26   27   28   28   29   29   29   29   29   29						_	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.		
(6)	Brickla	Bricklayer: D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					0	0	0	0	0.00	(D) (4)								
			S	0 8	8.00 8.	00 8	8.00	8.00	0	0	32.00									
	Brickla	Bricklayer:     D   0   0   0   0   0						اه	ol	0.00										
	1	O 0 0 0 S 0 8.00 8.00					0	0	0	0	0.00	_								
			3	0 8	8.00 8.	00 8	8.00	8.00	6.00	0	38.00									

Date August 17th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) (Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:  (1) That I pay or supervise the payment of the persons employed by	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)	(c) EXCEPTIONS
St. Elizabeths West Campus Building 54; that during the payroll period commencing on the (Building or Work)	
23rd day of July , 2018 , and ending the 29th day of July , 2018 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Revised Payroll #1.1-Downloaded wrong file.
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE:  SIGNATURE:  (b) (6)
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

of CONTRACTOR OR SUI	n, Inc.	Wage DC <sup>2</sup> Det:	170	002 (M	lod. 3)	)			ADDRESS		d Washingto MD 20601	n Road						
OLL NO.		FOR WEEK EN 08/05/2018		9					PROJECT / St. Elizab Washingt	eths Weson, D.C.	ion t Campus B	uilding 54				T OR CONTE	RACT NO. SS-11-P-17-	MK-C-0020
(1)	(2) SNOOL ONO	(3)	OT or DT	MON TU		THU	FRI S	SAT SUN	(5)	(6)	(7)	DE	(8) EDUCTIONS	* Other	Deductions	- 1) Local Tax 2) Local Tax 3) Other De	(2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	N N N	WORK CLASSIFICATION	ST,	- 1	1 1 IRS WO		EACH	- 1	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEER Check No.
	Brick 1	iayer.	D O S	0	0 0 0 0	0 8.00	0	0 (	0.00	(b) (4)								
	Labo	rer/Skilled	D O S	0	0 0 0 0 0 0	0 0 8.00		0 (	0.00									
	Labo Comi	rer: mon/General	D O S	0 0 8.00 8.00	0 0 0 0 0 0 0 0	0 0	0 0	0 0	0.00									
	0 Labo	rer/Skilled	D O S	0 0 8.00 8.0	0 0 0 0	0 0 8.00	0 0 8.00	0 0	0.00									

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

AME OF CONTRACTOR OR SUBCONTRACTO tlantic Refinishing & Restoration, Inc.	DR ✓ Wage D Det:	170002 (Mod. 3)  ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
AYROLL NO.	FOR WEEK 08/05/20 <sup>2</sup>	St. Elizabeths West Campus Building 54 Washington, D.C.	PROJECT OR CONTRACT NO. G17.0357.1700/GS-11-P-17-MK-C-0020
(1) (2) 9NGG		MON TUE WED THU FRI SAT SUN	eductions - 1) Local Tax 1 (9) 2) Local Tax 2 3) Other Deductions (9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE		30 31 1 2 3 4 5  HOURS WORKED EACH DAY HOURS  O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TOTAL PAID FOR WEEK/
3	Bricklayer:	D     0     0     0     0     0     0.00       O     0     0     0     0     0     0.00       S     4.00     0     6.00     0     0     0     10.00	
1	Laborer: Common/General	D         0         0         0         0         0         0         0.00           O         0         0         0         0         0         0         0.00           S         8.00         8.00         8.00         8.00         0         0         40.00	
5	Laborer: Common/General	D         0         0         0         0         0         0.00           O         0         0         0         0         0         0.00           S         8.00         8.00         8.00         8.00         8.00         40.00	
	<b>.</b>		
1	Bricklayer:	D     0     0     0     0     0     0     0.00       O     0     0     0     0     0     0     0.00       S     0     0     0     8.00     0     0     16.00	

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT Atlantic Refinishing & Restoration, Inc	_	Wage DC Det:	170	002	(Mod	d. 3)				ADDRESS	2320 Old Waldorf,	d Washingto , MD 20601	n Roa	d					
PAYROLL NO. 2.1		FOR WEEK EN 08/05/2018	IDIN	G						PROJECT / St. Elizab Washingt	eths Wes	ion it Campus B	uilding	54			T OR CONTR 57.1700/G		-MK-C-0020
(1)	(2) SNOL SNOL	(3)	OT or DT	1 1	TUE	WED		FRI SA	AT SUN	(5)	(6)	(7)		(8) DEDUCTIONS	* Other I		1) Local Tax 2) Local Tax 3) Other Ded	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	D ST, 0	30 H	31 IOURS		2 RKED E			TOTAL HOURS	RATE (b) (4)	GROSS AMOUNT	FIC	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDITION	PAID FOR WEEK/ S Check No.
		er. non/General	0	0	0	0	0	0	0 0										
	Brickl	ayer:	D 0 S	0	0 0	0 0	0 0 0 8		0 C	0.00									
	Labor Comn 1	er: non/General	D 0 8	0	0 0	0 0	0 0 8.00	0	0 0	0.00									
	Labor Comn 8	er: non/General	0 0	1 1	0	0	0 0	1	0 0	0.00									
			s	8.00	8.00	8.00	0	0	0 0	24.00									

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	F CONTRACTOR OR SU	JBCONTRACTOR 🗸	Wage DC1 Det:	170	002 (	(Moc	d. 3)				ADDRESS		d Washingto MD 20601	on Roa	d					
PAYROL 2.1	L NO.		FOR WEEK END 08/05/2018	DING	3								on t Campus B	Building	ı 54			T OR CONTE 57.1700/0		-MK-C-0020
	(1) NAME, ADDRESS, AND	MO. OF WITHHOLDING (3) EXEMPTIONS	(3) WORK	151		(4 TUE \	WED THE	HU F	RI S	AT SU		(6)	(7)		(8) DEDUCTIONS	* Other	Deductions ·	1) Local Tax 2) Local Tax 3) Other De	x 2	(9)  NET  WAGES  PAID
b) (6)	Identification Number	Lab	CLASSIFICATION  orer: mmon/General	D			WORK 0				TOTAL HOURS 0 0.00	RATE OF PAY (b) (4)	GROSS AMOUNT EARNED	FIC	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/
		1		o s	8.00	8.00	8.00 8.	0 8	.00	0	0.00									
		Brid 1	cklayer:	D O S	0 0 8.00	0 0 8.00	0 0 0 8.00 8.	0 0 00 8	0 0 .00	0 0	0 0.00 0 0.00 0 40.00									
			oorer: mmon/General	D O S	0 0 8.00	0 0 8.00	0 0 8.00 8.	0 0 0 8	0 0 000	0 0 0	0 0.00 0 0.00 0 40.00									
		Brid 1	sklayer:	D O S	0 0 8.00	0 0	0 0	0 0 0	0 0	0 0	0 0.00 0 0.00 0 8.00									

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

E OF CONTRACTOR	OR SUBCONTE	RACTOR 🗸		170	0002	(Mod	d. 3)					ADDRES	SS 2	2320 Old	d Washingto	n Road						
antic Refinishing &	Restoration, Inc.		Det:										'	vvaidorf,	MD 20601							
ROLL NO.			FOR WEEK EN	DIN	G							PROJEC	T AN	ID LOCATION	ON				PROJEC <sup>*</sup>	T OR CONTR	RACT NO.	
			08/05/2018									St. Eliza Washin	abet igtoi	ths West n, D.C.	Campus B	uilding 5	4		G17.03	57.1700/G	GS-11-P-17-	MK-C-0020
(1)		(2)	(3)	L		(4	) DAY	Y ANI	D DAT	TE		(5)		(6)	(7)		(8)	* Other	Deductions -	- 1) Local Tax		(9)
		NO. OF WITHHOLDING EXEMPTIONS		OT or DT		TUE	WED	THU	FRI	SAT	SUN					C	EDUCTIONS			Local Tax     Other Dec		NET WAGES
NAME, ADDRESS Identification Nur		O. OF THHOL	WORK CLASSIFICATION	ST, C		31	1	2	3	4	5	тота	AL	RATE	GROSS AMOUNT		WITH- HOLDING				TOTAL	PAID FOR WEEK
			dayer:	D		HOURS	WOI	RKE	DEAC	CH DA	AY	HOUR 0.00	RS	OF PAY <b>b) (4)</b>	FARNED	FICA	TAX	SWH	Medicare	OTHER*	DEDUCTIONS	Check No.
		4	dayer.	0		0	0	0	0			0.00										
				1	8.00	8.00	8.00	8.00	8.00	0	0	40.00	$\rightarrow$									
				<u> </u>	<u> </u>					<u> </u>		10.00										
										_												
			dayer:	D		0	0	0	0	C	0	0.00										
		3		0		0	0	0	0	C	0	0.00	0									
				S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	0									
		Brick	dayer:	Ь	o	0	o	0	o	0	) o	0.00	0									
		1		0	_	0	0	0	0	0	) 0	0.00	$\rightarrow$									
				s	0	0	0	8.00	8.00	0	0	16.00	_									
												1										

Date August 17th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6)  (Name of Signatory Party)  (Title)  do hereby state:	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</li> </ul>
(1) That I pay or supervise the payment of the persons employed by  Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)	(c) EXCEPTIONS
St. Elizabeths West Campus Building 54 ; that during the payroll period commencing on the (Building or Work)  30th day of July , 2018 , and ending the 5th day of August , 2018 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Revised Payroll #2.1-Downloaded wrong file
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	(b) (6)  THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

OF CONTRACTOR ☐ OR SUBCONTRACTOR ✓ on the contractor	Wage DC170002 (Mod. 3) Det:	ADDRESS 2320 Old Washington Road Waldorf, MD 20601
OLL NO.	FOR WEEK ENDING 08/12/2018	PROJECT AND LOCATION St. Elizabeths West Campus Building 54 Washington, D.C.  PROJECT OR CONTRACT NO. G17.0357.1700/GS-11-P-17-MK-C-0020
NO OF WITHHOLDING (S) EXEMPTIONS (C)	(3) (4) DAY AND DATE  MON TUE WED THU FRI SAT SUI  WORK 6 7 8 9 10 11 12	WAGES
	ASSIFICATION HOURS WORKED EACH DAY	TOTAL RATE AMOUNT HOLDING TOTAL FOR WEEK/
Laborei Commo	O 0 0 0 0 0 0	0 0.00
	S   8.00   8.00   8.00   8.00   8.00   0   0	<u>  40.00                                 </u>
0 Bricklay	0 0 0 0 0 0	0 0.00 0 0.00 0 18.00
Laborei 1	on/General O 0 0 0 0 0 0	0 0.00 0 0.00 0 40.00
5 Laborer	on/General O 0 0 0 0 0 0	0 0.00 0 0.00 0 40.00

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	OF CONTRACTOR OR SUBCONT		✓ Wage DC Det:	170	002	(Mo	d. 3)				, A	ADDRESS	2320 Old Waldorf,	d Washingto MD 20601	on Ro	oad						
PAYRO	LL NO.		FOR WEEK EN 08/12/2018		G						S	PROJECT A St. Elizabe Vashingto		on t Campus Bi	Buildi	ng 54				T OR CONTR 357.1700/G		-MK-C-0020
	(1)	NO. OF WITHHOLDING (C EXEMPTIONS (C	(3) WORK	OT or DT	MON	TUE		ни	FRI S			(5)	(6)	(7)		DED	(8) DUCTIONS	* Other	Deductions	- 1) Local Tax 2) Local Tax 3) Other Dec	2	(9) NET WAGES
b) (6)	NAME, ADDRESS, AND Identification Number OF EMPLOYEE		CLASSIFICATION  Bricklayer:	D ST,	Н	7 OUR	8 S WORK		10 1 EACH		0	TOTAL HOURS	RATE OF PAY (b) (4)	GROSS AMOUNT FARNED	F	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
		1		0 S		0 8.00	0 8.00 8.	0 8 00.	0	0	0	0.00										
		O	Bricklayer:	D 0 8		0 0	0 0 0 8.	0 0 00.	0 0 8.00	0 0 0	0 0 0	0.00 0.00 18.00										
		1	Bricklayer:	D O S		0 0	0 0 0 8.	0 0 00.8	0 0 8.00	0 0 0	0 0	0.00 0.00 18.00										
			Laborer: Common/General	D 0 8	0	0 0 8.00	0 0 8.00 8.	0 0 00.8	0 0 8.00	0 0 0	0 0	0.00 0.00 40.00										

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR Atlantic Refinishing & Res	OR SUBCONTRACTOR	R ✓ Wage DC′ Det:	1700	)02 (N	/lod. 3	5)			1	ADDRESS		d Washingto MD 20601	n Road						
PAYROLL NO. 3.1		FOR WEEK EN 08/12/2018	DING	i					5	PROJECT A St. Elizab Vashingt		ол t Campus B	uilding 54				T OR CONTE		MK-C-0020
(1) NAME, ADDRESS, AND	NO. OF WITHHOLDING (2) EXEMPTIONS (3)	(3) WORK	ᅡ		(4) DA	тни		SAT		(5)	(6)	(7)	DE	(8) EDUCTIONS	* Othe	er Deductions	- 1) Local Tax 2) Local Tax 3) Other De	<b>(2</b>	(9) NET WAGES
Identification Number	NO. OF WITHHO EXEMP	CLASSIFICATION	ST,		7   8 URS W					TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
b) (6)	0	Bricklayer:	D O	0	0 0	0 0	1	0	0	0.00	(b) (4)								
			1 1	8.00	0 8.00	8.00	8.00	0	0	32.00									
	1	Bricklayer:	D O S	0 0 8.00 8.	0 (0.00 8.00	0 0 8.00		0 0	0 0	0.00 0.00 40.00									
	1	Laborer: Common/General	D O S	0 0 8.00 8.	0 0	Ί ,		0 0	0 0	0.00 0.00 40.00									
	1	Bricklayer:	D O S	0 0 2.00	0 0	1		0 0	0 0	0.00 0.00 18.00									

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

ONTRACTOR OR SUBCONTRACTOR VEIGNISHING & Restoration, Inc.	Wage DC1	7000	)2 (N	lod. 3	)				ADDRES			Vashingtor D 20601	n Road						
).	FOR WEEK END 08/12/2018	ING						(	St. Eliza	T AND LOCA beths We gton, D.C.	est C	ı ≎ampus Bu	ıilding 54	ļ			T OR CONTR 357.1700/G		-MK-C-0020
NO OF WITHHOLDING (2) EXEMPTIONS	WORK	T, OT or DT		(4) DA	THU	FRI	SAT	SUN	(5)	(6)		(7)	DE	(8) EDUCTIONS	* Other	r Deductions	- 1) Local Tax 2) Local Tax 3) Other Dec	2	(9)  NET  WAGES  PAID
NO. OF WITHER MP CI	ASSIFICATION	ST,		JRS WO					TOTA HOUR	S OF PAY	γ ,	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTION:	FOR WEEK/
Bricklay 2	· .	D O	0	0 0	0	0	0	0 0	0.00	_									
		S 2.0	00	0 0	0	0	0	0	2.00										
Bricklay	yer:	D	0	0 0	0	0	0	0	0.00										
1		O 8.0	00 8.0	0 0	8.00	8.00	0	Ĭ	0.00 32.00										

Date August 17th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) (Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the</li> </ul>
do hereby state:  (1) That I pay or supervise the payment of the persons employed by	contract, except as noted in Section 4(c) below.
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)  St. Elizabeths West Campus Building 54; that during the payroll period commencing on the	(c) EXCEPTIONS
(Building or Work)  6th day of August , 2018 , and ending the 12th day of August , 2018  all persons employed on said project have been paid the full weekly wages earned, that no rebates	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Revised Payroll #3.1-Employee on wrong job
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	NAME AND TITLE
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	NAME AND TITLE:  (b) (6)  (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	ne of contractor antic Refinishing & Rest	OR SUBCONTRACTOR	Wage DC1 Det:	170	002	(Mod	d. 3)				ADDR			d Washingto MD 20601	on Road					
PAY 4.0	ROLL NO.		FOR WEEK ENI 08/19/2018	DINC	3						St. E	lizabe	ND LOCATION ND LOC	on t Campus Bu	_		G17.03		S-11-P-17	-MK-C-0020
	(1)	(2) SNOTO	(3) WORK	ఠ	$\sqcup$	TUE		THU	FRI S	SAT SU	IN	5)	(6)	(7)	(8) DEDUCTIONS	* Other D		1) Local Tax 1 2) Local Tax 2 3) Other Deduction		(9) NET WAGES
b) (6)	NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHOLDING EXEMPTIONS	CLASSIFICATION	ST,	Н	14 IOURS	15 S WOF			18 19 DAY	TC HO	OTAL OURS	RATE (b) (4)	GROSS AMOUNT	WITH- HOLDING				TOTAL	PAID FOR WEEK/ Check No.
5) (0)		1	Laborer: Common/General	0 0	0	0	0	0	0	0	0 0	0.00	S) ( 1)							
				5	8.00	8.00	0	8.00	8.00	0	0 32	2.00								
		0	Bricklayer:	D O S		0 0	0 0	0 0 0	0 0	0	0 0	0.00								
		1	Laborer: Common/General	D 0 8	0	0 0 8.00	0 0 8.00	0 0 8.00	0 0 8.00	0 0	0 0	0.00								
		5	Laborer/Skilled	D 0 8	0	0 0 8.00	0 0 8.00	0 0	0 0 8.00	0 0	0 0	0.00								

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

F CONTRACTOR	or subcontractor 🗸	Wage DC17 Det:	70002 (Mod. 3)	ADDRESS	2320 Old Waldorf,	d Washington MD 20601	n Road			
L NO.		FOR WEEK ENDI 08/19/2018	NG	PROJECT / St. Elizab Washingt	eths Wes	ion t Campus Bu	uilding 54		T OR CONTRACT NO. 57.1700/GS-11-P-17-	-MK-C-0020
(1)	NO OF WITHOLDING (S) EXEMPTIONS	(3) WORK	(4) DAY AND DATE  MON TUE WED THU FRI SAT SU		(6)	(7)	(8) * Other DEDUCTIONS	Deductions -	1) Local Tax 1 2) Local Tax 2 3) Other Deductions	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO	CLASSIFICATION	13 14 15 16 17 18 19 HOURS WORKED EACH DAY	TOTAL HOURS	RATE (b) (4)	GROSS AMOUNT	WITH- HOLDING		TOTAL	PAID FOR WEEK Check No.
	Bric 1		D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00	(b) ( <del>+</del> )					
			S 8.00 8.00 8.00 0 0	0 32.00						
	0 Poir		D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0.00 0 0.00 0 8.00						
	0 Bric	Ī	0 0 0 0 0 0	0 0.00 0 0.00 0 26.00						
	1 Bric		D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0.00 0 0.00 0 2.00						

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCO	ONTRACTOR 🗸	Wage DC1 Det:	170002 (Mod. 3)	ADDRESS	2320 Old Waldorf,	l Washingto MD 20601	n Road						
PAYROLL NO. 4.0		FOR WEEK END 08/19/2018		PROJECT A St. Elizabe Washingto	eths West	Campus B	uilding 54				T OR CONTR. 57.1700/G	ACT NO. S-11-P-17-	MK-C-0020
(1)	(2) SNOUS SNOUS SNOUS	(3) WORK	(4) DAY AND DATE  MON TUE WED THU FRI SAT SU		(6)	(7)	DE	(8) EDUCTIONS	* Other	Deductions -	1) Local Tax 2) Local Tax 3) Other Ded	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number	N E S	LASSIFICATION	13 14 15 16 17 18 19 HOURS WORKED EACH DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
	Labore Comm	er: on/General		0 0.00 0 0.00 0 40.00	b) (4)								
	0   Point/0	Caulk/Clean	D	0 0.00 0 0.00 0 8.00									
	Brickla 0	yer:	D	0 0.00 0 0.00 0 32.00									
	Brickla	yer:	D	0 0.00 0 0.00 0 40.00									

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR S Atlantic Refinishing & Restorati	on, Inc.	Wage DC1700 Det:	002 (M	lod. 3)			A	DDRESS		d Washingto MD 20601	n Road						
PAYROLL NO.		FOR WEEK ENDING	;						ND LOCATI					PROJEC	T OR CONTI	RACT NO.	
4.0		08/19/2018					S W	t. Elizab /ashingt	eths West on, D.C.	t Campus B	uilding 54			G17.03	357.1700/0	GS-11-P-17	-MK-C-0020
(1)	NO. OF WITHOLDING (2) EXEMPTIONS (7)	(3) Ld		(4) DAY	THU FF	RISAT		(5)	(6)	(7)	DE	(8) EDUCTIONS	* Other	r Deductions	- 1) Local Tax 2) Local Tax 3) Other De	x 2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHING CO. OF	WORK LASSIFICATION	13 1. HOL	IRS WOF	16 1°			TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(6)	Labore	on/General D	0	0 0	0	0 0	0	0.00	(b) (4)								
			8.00 8.0	00 8.00	8.00 8.0	0 0	0	40.00									
	Bricklay 1	yer: D	0	0 0	0	0 0	0	0.00									
			2.00	0 0	0	0 0	0	2.00									
	Bricklay	yer: D	0	0 0	0	0 0	0	0.00									
	1		8.00 8.0	0 0 0	8.00 8.0	0 0	0	40.00									

Date August 23rd, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) (Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employed by	contract, except as noted in Section 4(c) below.  (c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)	(e) EXCELLIFICATE
St. Elizabeths West Campus Building 54 ; that during the payroll period commencing on the (Building or Work)	
13th day of August , 2018 , and ending the 19th day of August , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #4
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	p
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Atlantic Refinishing & Restoration, Inc.	Wage DC170 Det:	0002 (Mod. 3)	ADDRESS 2320 Old Washington Road Waldorf, MD 20601
PAYROLL NO. 5.0	FOR WEEK ENDING 08/26/2018		PROJECT AND LOCATION St. Elizabeths West Campus Building 54 Washington, D.C.  PROJECT OR CONTRACT NO. G17.0357.1700/GS-11-P-17-MK-C-0020
(1) (2) SNO LAW SOLUTION OF EMPLOYEE (2)	WORK	(4) DAY AND DATE  MON TUE WED THU FRI SAT SUN	(5) (6) (7) (8) * Other Deductions - 1) Local Tax 1 (9)  DEDUCTIONS 2) Local Tax 2 3) Other Deductions NET WAGES
NAME, ADDRESS, AND  Identification Number  OF EMPLOYEE	CLASSIFICATION 50	2 20 21 22 23 24 25 26 HOURS WORKED EACH DAY	TOTAL RATE AMOUNT HOLDING PAID FOR WEEK/
	Bricklayer: D		0.00
		8 8.00 8.00 0 0 0 0	16.00
0	Bricklayer: D		0.00
	S	S 2.00 8.00 0 0 0 0 0	10.00
1	Bricklayer: D O		0.00 0.00 16.00
			10.00

Date August 31st, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) (Name of Signatory Party) (Title)	Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employed by	contract, except as noted in Section 4(c) below.  (c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	(c) excertions
St. Elizabeths West Campus Building 54; that during the payroll period commencing on the (Building or Work)	
20th day of August , 2018 , and ending the 26th day of August , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #5
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

PROJECT AND LOCATION    FOR WEEK ENDING   09/02/2018		of CONTRACTOR OR SUE	n, Inc.	Wage DC Det:	170	002 (1	Mod.	3)				ADDRESS		d Washingto MD 20601	on Road						
Column   C	PAYROL	LL NO.		FOR WEEK EN	IDINO	3						PROJECT A	ND LOCATI	ION				PROJE	CT OR CONTR	ACT NO.	
NAME: ADDRESS: AND Identification Number OF EMPLOYEE  NAME: ADDRESS: AND Identification Number OF EMPLOYEE  NAME: ADDRESS: AND Identification Number OF EMPLOYEE  NETWAGES  RATE  HOURS WORK  LASSIFICATION  D  O  O  O  O  O  O  O  O  O  O  O  O	6.0			09/02/2018							5	St. Elizabe Vashingto	eths Weston, D.C.	t Campus B	uilding 54	ļ		G17.0	357.1700/G	S-11-P-17	'-MK-C-0020
1 Bricklayer: D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					OT or DT		UE WE	D THU	FRI	SAT		(5)	(6)		DE		* Other [	Deduction	2) Local Tax	2	NET WAGES
1 Bricklayer: D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Identification Number	MO. OF WITHHO EXEMP		ST,							TOTAL HOURS				WITH- HOLDING				TOTAL	FOR WEEK/
Bricklayer:   D   0   0   0   0   0   0   0   0   0	o) (6)			yer:		0	0	i	1 1	0	0		(b) (4)								
Bricklayer:   D   0   0   0   0   0   0   0   0   0			1				0	0 0	0	0	0	0.00									
1   D   0   0   0   0   0   0   0   0   0					S	8.00	3.00	0 0	0	0	0	16.00									
1   D   0   0   0   0   0   0   0   0   0			Brickla	yer:	<b>D</b>	o	o	o  o	l ol	0	0	0.00									
Bricklayer:   D   0   0   0   0   0   0   0   0   0					0	0	0	0 0	0	0	0										
1					s	0 8	3.00	0 0	0	0	0	8.00									
1																					
			Brickla	yer:	D	0	0	0 0	0	0	0	0.00									
S 8.00 8.00 0 0 0 0 16.00			1					0 0	0	0	0										
					S	8.00	3.00	0 0	0	0	0	16.00									

Date September 7th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) (Name of Signatory Party)(b) (6) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)	(e) Exect there
St. Elizabeths West Campus Building 54; that during the payroll period commencing on the (Building or Work)	
27th day of August , 2018 , and ending the 2nd day of September , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #6
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBC Atlantic Refinishing & Restoration,	ONTRACTOR	Wage DC1 Det:	700	02 (N	lod. 3	5)			AD			Washingto MD 20601	n Road						
PAYROLL NO.		FOR WEEK END	DING						PR	OJECT A	ND LOCATI	ON				PROJEC	T OR CONTR	ACT NO.	
7.0		09/09/2018									eths West on, D.C.	t Campus Bu	uilding 54	ļ		G17.03	57.1700/G	S-11-P-17-	MK-C-0020
(1) NAME. ADDRESS. AND	NO. OF WITHOLDING (2) EXEMPTIONS	(3) WORK	15 F	MON TU	JE WE		FRI 7	SAT SI	JN 9	(5)	(6)	(7)	DI	(8) EDUCTIONS	* Other	Deductions	- 1) Local Tax 2) Local Tax 3) Other Dec	2	(9) NET WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITH EXEMP	CLASSIFICATION	ST,		JRS W		L ' L		_	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/
(6)	Brickla 1	ayer:	D O S	0 0 8.0	0 0	0 0	0	0 0	0 0 0	0.00 0.00 8.00	b) (4)								
	Brickla	ayer:	<b>D</b>	0	0 0	) o	0	0	0	0.00									
	1		0	0	0 0	0	0	0	0	0.00									
			s	0	0 8.00	8.00	8.00	0	0	24.00									
	Brickla 1	ayer:	D O S	0 0	0 0	0 0	1	0 0	0 0 0	0.00 0.00 8.00									
	'																		

Date September 14th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) (Name of Signatory Party) (Title)	Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employed by	contract, except as noted in Section 4(c) below.  (c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)	(c) EXCELLIGING
St. Elizabeths West Campus Building 54; that during the payroll period commencing on the (Building or Work)	
3rd day of September , 2018 , and ending the 9th day of September , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #7
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR Atlantic Refinishing & Resto	OR SUBCONTRACTOR 🗸	Wage DC17 Det:	0002	2 (Mc	od. 3)				ADDRESS		d Washington MD 20601	n Road				
PAYROLL NO. 8.0		FOR WEEK ENDIN 09/16/2018	NG					5	PROJECT A St. Elizab Washingto	eths West	on t Campus Bu	uilding 54		T OR CONTRA 357.1700/G		7-MK-C-0020
(1)	(2) SNOUN LOUNS	(3)	МО	N TUE	(4) DAY	THU F	RISA		(5)	(6)	(7)	(8) DEDUCTION	Deductions	- 1) Local Tax 1 2) Local Tax 2 3) Other Dedu	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO OF WITHHOLDING EXEMPTIONS	02/100/1/10/1	10	HOUF	12 RS WOF		ACH D	AY	TOTAL HOURS	RATE (b) (4)	GROSS AMOUNT	WITH- HOLDIN			TOTAL	PAID FOR WEEK/ Check No.
	2	C	) )	0 0 0 0	0 0	0 8.00 8	0 (	0 0 0	0.00 0.00 16.00							
	3 Brick	_	)	0 0 0 0 0 8.00	0 0 8.00	0 0 8.00 8	<u> </u>	0 0 0	0.00 0.00 32.00							
	O Brick		D S	0 0 0 0 0	0 0	0 0 8.00 8	0 (	0 0 0	0.00 0.00 16.00							
	1 Brick		D S	0 0 0 0	0 0 8.00	0 0 8.00 8	0 (	0 0 0	0.00 0.00 24.00							

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

OR SUBCONTI		Wage DC	170	002	(Mod.	3)				ADDRESS		d Washingto MD 20601	n Road						
		FOR WEEK EN	DIN	G						PROJECT A	ND LOCAT	ION				PROJEC	T OR CONTR	RACT NO.	
		09/16/2018								Washingto	etns vves on, D.C.	t Campus B	uliaing 54	•		G17.03	357.1700/0	S-11-P-17-	MK-C-0020
(1)	(2) SNOLL	(3)	OT or DT		TUE	/ED T		RI SAT	SUN	(5)	(6)	(7)	D	(8) EDUCTIONS	* Other	Deductions	- 1) Local Tax 2) Local Tax 3) Other Dec	2	(9) NET WAGES
, ADDRESS, AND ification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST,		11 OURS		13 14 KED EA		16 AY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
	Brick	dayer:	D 0		0	0	0	0 0	0 0	0.00	(b) (4)								
			S	8.00	8.00 8	.00 8.	0.8 00	10 0	0	40.00									
	Brick 0	klayer:	D O S	0	0 0 0 8	0 0 0 8.00 8.	0 0 0 0 8.0	0 0	0 0	0.00									
	Bricl	klayer:	0	0	0 0 0 8	0 0 0 0.00 8.	0	0 (		0.00									
			Bricklayer:	1		1 0 0 0	1 0 0 0 0	1 0 0 0 0 0	1 0 0 0 0 0 0	1 0 0 0 0 0 0 0 0	1	1 0 0 0 0 0 0 0 0 0 0.00	1 0 0 0 0 0 0 0 0 0.00	1 0 0 0 0 0 0 0 0 0.00	1	1 0 0 0 0 0 0 0 0 0 0.00	1 0 0 0 0 0 0 0 0 0 0.00	1	1

Date September 19th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) (Name of Signatory Party)(Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)	(4) 2.302. 1.01.0
St. Elizabeths West Campus Building 54; that during the payroll period commencing on the (Building or Work)	
10th day of September , 2018 , and ending the 16th day of September , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #8
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBC Atlantic Refinishing & Restoration,	ONTRACTOR  Wage Det:	ADDRESS 2320 Old Washington Road Waldorf, MD 20601								
PAYROLL NO. 9.0	FOR WEE 09/23/20		PROJECT AT St. Elizabe Washingto	ths Wes	ion t Campus Bi	uilding 54		FOR CONTRACT NO. 57.1700/GS-11-P-17-	-MK-C-0020	
(1)	(2) (3)  SNOT THE WORK  O LASSIFICATION O LASSIFICATION O LASSIFICATION O LASSIFICATION	(4) DAY AND DATE		(6)	(7)	(8) * Other D DEDUCTIONS		1) Local Tax 1 2) Local Tax 2 3) Other Deductions	(9) NET WAGES	
NAME, ADDRESS, AND Identification Number		HOURS WORKED EACH DAY	TOTAL HOURS	RATE <b>b) (4)</b>	GROSS AMOUNT	WITH- HOLDING		TOTAL	PAID FOR WEEK/	
	Bricklayer:	D         0         0         0         0         0         0           O         0         0         0         0         0         0         0           S         0         0         0         0         8.00         0	0 0.00 0 0.00 0 8.00							
	Bricklayer:	D	0 0.00 0 0.00 0 22.00							
	Bricklayer:	D	0 0.00 0 0.00 0 30.00							
	Bricklayer:	D 0 0 0 0 0 0 0 O 0 0 0 0 0 0 S 6.00 8.00 0 0 8.00 0	0 0.00 0 0.00 0 22.00							

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

_	Atlantic Refinishing & Restoration, Inc.						ADDRESS 2320 Old Washington Road Waldorf, MD 20601								
PAYROLL NO. 9.0	FOR WEEK ENDING 09/23/2018				PROJECT AND LOCATION St. Elizabeths West Campus Building 54 Washington, D.C.  PROJECT OR CONTRACT NO. G17.0357.1700/GS-11-P-17-Mk										
(1) NAME, ADDRESS, AND	NO. OF WITHHOLDING (C) EXEMPTIONS	(3) WORK	(4) DAY AND DATE    MON TUE   WED   THU   FRI   SAT   SU		(6)	(7)	DE	(8) DUCTIONS	* Other	r Deductions -	1) Local Tax 2) Local Tax 3) Other Dec	(2	(9) NET WAGES PAID		
Identification Number  OF EMPLOYEE		CLASSIFICATION	HOURS WORKED EACH DAY  D 0 0 0 0 0 0 0	TOTAL HOURS	RATE OF PAY (b) (4)	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/		
	0	·	0 0 0 0 0 0	0 0.00 0 24.00	-										
		ricklayer:	D	0 0.00											
	1			0.00	=										
	O Bri	icklayer:	0 0 0 0 0 0 0	0 0.00 0 0.00 0 30.00											
	Bri	ricklayer:	D	0 0.00											
	1			0.00											

Date September 28th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) (Name of Signatory Party)(Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)	(4) 2.302. 1.01.0
St. Elizabeths West Campus Building 54; that during the payroll period commencing on the (Building or Work)	
17th day of September , 2018 , and ending the 23rd day of September , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #9
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBC	ADDRESS 2320 Old Washington Road Waldorf, MD 20601													
PAYROLL NO. 10.0	10.0 09/30/2018					PROJECT AND LOCATION St. Elizabeths West Campus Building 54 Washington, D.C.  PROJECT OR CONTRACT NO. G17.0357.1700/GS-11-P-17-MK-0								
(1)	NO. OF WITHHOLDING EXEMPTIONS (2)	lb	MON TUE WED THU FRI SAT SU		(6)	(7)	(8) * Other DEDUCTIONS		1) Local Tax 1 2) Local Tax 2 3) Other Deductions	(9) NET WAGES				
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	ON CI ON CI ON CI ON CI ON CI ON CI ON CI	LASSIFICATION 5	HOURS WORKED EACH DAY	TOTAL HOURS 0 0.00	RATE (b) (4)	GROSS AMOUNT	WITH- HOLDING		TOTAL	PAID FOR WEEK/ Check No				
	0	0		0.00										
	Brickla	0		0 0.00 0 0.00 0 8.00										
	Point/C	Caulk/Clean D	0 0 0 0 0 0	0.00 0 0.00 0 8.00										
	Brickla	0		0 0.00 0 0.00										

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC170002 (Mod. 3) Atlantic Refinishing & Restoration, Inc.						ADDRESS 2320 Old Washington Road Waldorf, MD 20601									
PAYROLI	L NO.		FOR WEEK ENI 09/30/2018		PROJECT AND LOCATION St. Elizabeths West Campus Building 54 Washington, D.C.  PROJECT OR CONTRACT NO. G17.0357.1700/GS-11-P-17-MK											
	(1)	(2) (2) (2) (3) (3) (4) (4) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	(3)	(4) DAY AND DATE  MON TUE WED THU FRI SAT SUI		(6)	(7)	(8) * Other E DEDUCTIONS	Deductions - 1) Local Ta 2) Local Ta 3) Other De	x 2	(9) NET WAGES					
(b) (6)	NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	24 25 26 27 28 29 30 HOURS WORKED EACH DAY	TOTAL HOURS	RATE (b) (4)	GROSS AMOUNT	WITH- HOLDING		TOTAL	PAID FOR WEEK/					
5) (6)		1	Bricklayer:	D         0         0         0         0         0           O         0         0         0         0         0         0           S         8.00         8.00         0         0         0         0         0         0	0.00 0.00 0.00 16.00											
		0	Bricklayer:	D         0	0 0.00 0.00 0.00 24.00											
		1	Bricklayer:	D	0.00 0 0.00 0 32.00											
		0	Bricklayer:	D	0.00											

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUB Atlantic Refinishing & Restoration		age DC170002 (Mod. 3) Det:	ADDRESS 2320 Old Washington Road Waldorf, MD 20601									
PAYROLL NO. 10.0		PR WEEK ENDING 9/30/2018	PROJECT AND LOCATI St. Elizabeths Wes Washington, D.C.	ion t Campus Bu	ilding 54		PROJECT OR CONTE G17.0357.1700/0		-MK-C-0020			
(1) NAME, ADDRESS, AND	(2) (3)  ONO ON WALH-HOLDING WOOD CLASSIF	(4) DAY AND DATE  MON TUE WED THU FRI SAT SUI	(5) (6)	(7) GROSS	DEDUCTIONS		Deductions - 1) Local Tax 2) Local Tax 3) Other De	2	(9) NET WAGES PAID			
Identification Number OF EMPLOYEE	の主要 CLASSIF Bricklayer:	FICATION   1/2   24   25   26   27   28   29   30   1	TOTAL RATE (b) (4)	AMOUNT	WITH- HOLDING			TOTAL	FOR WEEK/			
	1	O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0.00									
	·											
	Bricklayer:	D         0         0         0         0         0         0         0           O         0         0         0         0         0         0         0         0           S         8.00         8.00         8.00         8.00         8.00         0         0         0         0	0.00 0 0.00 0 40.00									
	·											
	Bricklayer:	D         0         0         0         0         0         0           O         0         0         0         0         0         0         0           S         8.00         8.00         8.00         0         8.00         0         0         0	0 0.00 0 0.00 0 32.00									

Date October 5th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6)  (Name of Signatory Party)  (Title)  do hereby state:  (1) That I pay or supervise the payment of the persons employed by	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</li> </ul>
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)  St. Elizabeths West Campus Building 54 ; that during the payroll period commencing on the (Building or Work)  24th day of September , 2018 , and ending the 30th day of September , 2018 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said  Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company from the full Inc.) (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	(c) EXCEPTIONS
FICA, FWH, Medicare, State Tax, Other	
<ul> <li>(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.</li> <li>(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.</li> </ul>	REMARKS Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #10
(4) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	NAME AND TITLE:  SIGNATURE:  (b) (6)  THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

THE OF CONTRACTOR OR SUBCONTRACTOR Wage DC170002 (Mod. 3)  Det:  ROLL NO. FOR WEEK ENDING								,	ADDRESS		d Washingto , MD 20601	n Road						
	FOR WEEK ENDING 10/07/2018 (2) (3) (4) DAY AND DATE					S	PROJECT AND LOCATION St. Elizabeths West Campus Building 54 Washington, D.C.  PROJECT OR CONTRACT NO. G17.0357.1700/GS-11-P											
(1)	NO. OF WITHOLDING (C) EXEMPTIONS (C)	(3) WORK	ఠ	MON 1	TUE W	/ED T	HU F	RIS	SAT	_	(5)	(6)	(7)	(8) *(	Other Dedu	uctions -	- 1) Local Tax 1 2) Local Tax 2 3) Other Deductions	(9) NET WAGES
E, ADDRESS, AND httfication Number	NO. OF WITHHOUSE EXEMP.	LASSIFICATION	ST,		2 DURS V					7	TOTAL HOURS	(b) (4)	GROSS	WITH-				PAID FOR WEEK/
	Brickla 0	yer:	D 0		0	0	0	0	0	0	0.00							
			S	8.00	3.00 8.	.00 8	.00 8.	.00	0	0	40.00							
	Brickla	ıyer:	D O S	0 0 0	0 0 0	0 0 0 8	0 0 .00 8.	0 0	0 0 0	0 0	0.00 0.00 16.00							
	Brickla	yer:	D 0 S	0 0	0 0 0	0 0	0 0 0 8.	0 0 00	0 0	0 0	0.00 0.00 8.00							
	Point/0	Caulk/Clean	D		0	ol	0	ol	0	ol	0.00							
	2		0	0	0	0	0	0	0	0	0.00							
							_											

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC170002 (Mod. 3)  Atlantic Refinishing & Restoration, Inc.						ADDRESS 2320 Old Washington Road Waldorf, MD 20601										
	AYROLL NO. 1.0		FOR WEEK END 10/07/2018	DING	PROJECT A St. Elizab Washingto	eths Wes	on t Campus Bi	uilding 54			PROJECT OR CONTRACT NO. G17.0357.1700/GS-11-P-17-MK-C-0020						
	(1)	NO. OF WITHHOLDING (2) EXEMPTIONS	(3) WORK	(4) DAY AND DATE  MON TUE WED THU FRI SAT SU		(6)	(7)	DE	(8) DUCTIONS	* Other		1) Local Tax 2) Local Tax 3) Other Ded	2	(9) NET WAGES			
(b) (	NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO ON Brickla	EXCONTOX TOX	1   2   3   4   5   6   7	TOTAL HOURS	RATE OF PAY b) (4)	GROSS AMOUNT	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.			
		2	,	0 0 0 0 0 0	0 0.00 0 8.00												
		Brickla 0		D         0         0         0         0         0         0           O         0         0         0         0         0         0         0           S         8.00         8.00         0         8.00         0         0         0         0	0 0.00 0 0.00 0 24.00												
		Brickla 1			0 0.00 0 0.00 0 40.00												
		Brickla 0		0 0 0 0 0 0 0	0 0.00 0 0.00 0 40.00												

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

ME OF CONTRACTOR OR SU antic Refinishing & Restoratio	BCONTRACTOR Wage DC n, Inc. Det:	ADDRESS 2320 Old Washington Road Waldorf, MD 20601										
YROLL NO. .0	IDING	PROJECT AND LOCATION St. Elizabeths West Campus Building 54 Washington, D.C.  PROJECT OR CONTRACT NO. G17.0357.1700/GS-11-P-17-MK-C-002										
(1) NAME, ADDRESS, AND	(2) (3)  SNOOTHALLM WORK OON CLASSIFICATION	(4) DAY AND DATE  MON TUE WED THU FRI SAT SU  1 2 3 4 5 6 7		(6)	(7)	DE	(8) EDUCTIONS	* Othe	r Deductions	- 1) Local Tax 2) Local Tax 3) Other Dec	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number	CLASSIFICATION  Bricklayer:	1 2 3 4 5 6 7  HOURS WORKED EACH DAY  D 0 0 0 0 0 0 0	TOTAL HOURS	RATE OF PAY b) (4)	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
	1	0 0 0 0 0 0	0 0.00 0 0.00 0 40.00	S) ( !)								
	Point/Caulk/Clean	D	0 0.00 0 0.00 0 8.00									
	Bricklayer:	D         0	0 0.00 0 0.00 0 24.00									
	Bricklayer:	D         0	0 0.00 0 0.00 0 40.00									

Date October 11th, 2018  I, _(b) (6)	<ul> <li>(b) WHERE FRINGE BENEFITS ARE PAID IN CASH</li> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</li> <li>(c) EXCEPTIONS</li> </ul>
Inc.) (Contractor or Subcontractor)  St. Elizabeths West Campus Building 54 ; that during the payroll period commencing on the (Building or Work)  1st day of October , 2018 , and ending the 7th day of October , 2018  all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said  Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company from the full Inc.) (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
<ul> <li>(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.</li> <li>(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.</li> </ul>	REMARKS Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #11
<ul> <li>(4) That:</li> <li>(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS</li> <li>in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.</li> </ul>	NAME AND TITLE:  SIGNATURE:  (b) (6)  THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR S Atlantic Refinishing & Restoration	UBCONTRACTOR 🗸	Wage DC17 Det:	70002 (Mod. 3)	ADDRESS	2320 Old Waldorf,	d Washingto MD 20601	n Road						
PAYROLL NO. 12.0		FOR WEEK END 10/14/2018	ING	PROJECT A St. Elizab Washingto	eths West	on t Campus Bu	uilding 54				T OR CONTR 57.1700/G	ACT NO. SS-11-P-17-	MK-C-0020
(1)	(2) SNOOLD SUODING	WORK	(4) DAY AND DATE  MON TUE WED THU FRI SAT SU		(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions -	1) Local Tax 2) Local Tax 3) Other Dec	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number		ASSILICATION	8 9 10 11 12 13 1 HOURS WORKED EACH DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
	Bricklay 0		D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0 8.00	(b) (4)								
	Point/C	-	D 0 0 0 0 0 0 0 O 0 0 0 0 0 0 0 S 0 8.00 0 0 0 0	0 0.00 0 0.00 0 8.00									
	0 Bricklay	-	D 0 0 0 0 0 0 0 O 0 0 0 0 0 0 0 S 8.00 8.00 0 8.00 0 0	0 0.00 0 0.00 0 24.00									
	Bricklay 1		D 0 0 0 0 0 0 0 O 0 0 0 0 0 0 0 S 8.00 8.00 0 0 0	0 0.00 0 0.00 0 16.00									

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	F CONTRACTOR OR SUBC	ONTRACTOR 🗸	Wage DC1 Det:	70002 (Mod. 3)	ADDRESS	2320 Old Waldorf,	d Washingto MD 20601	n Road				
PAYROL 12.0			FOR WEEK END 10/14/2018		PROJECT A St. Elizab Washingto	eths Wes	ion t Campus Bi			PROJECT OR CON G17.0357.1700	/GS-11-P-17	-MK-C-0020
	(1) NAME, ADDRESS, AND	NO. OF WITHHOLDING (2) EXEMPTIONS (2)	(3) WORK	(4) DAY AND DATE    MON   TUE   WED   THU   FRI   SAT   SU		(6)	(7)	(8) DEDUCTIONS	* Other D	eductions - 1) Local T 2) Local T 3) Other D		(9)  NET  WAGES  PAID
b) (6)	Identification Number	O.O. O.HTIM O.O. O.HTIM O.O. O.D. O.O. O.O. O.O. O.O. O.O. O.O	LASSIFICATION	HOURS WORKED EACH DAY  D 0 0 0 0 0 0 0	TOTAL HOURS 0 0.00	RATE (b) (4)	GROSS AMOUNT	WITH- HOLDING			TOTAL	FOR WEEK/ Check No.
		0		0 0 0 0 0 0	0.00 0 0.00 0 16.00							
		Brickla <u>r</u> 1		D         0         0         0         0         0         0           O         0         0         0         0         0         0         0           S         8.00         8.00         0         0         0         0         0	0 0.00 0 0.00 0 16.00							
		Bricklar 0		D         0         0         0         0         0         0           O         0         0         0         0         0         0         0           S         0         8.00         0         0         0         0         0         0	0 0.00 0 0.00 0 8.00							
		Bricklay 1		D   0   0   0   0   0   0   0   0   0	0 0.00 0 0.00 0 8.00							

Date October 18th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6)(Name of Signatory Party)(b) (6)(Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employed by	contract, except as noted in Section 4(c) below.
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)	(c) EXCEPTIONS
St. Elizabeths West Campus Building 54; that during the payroll period commencing on the (Building or Work)	
8th day of October , 2018 , and ending the 14th day of October , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #12
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBC Atlantic Refinishing & Restoration,	ONTRACTOR 🗸	Wage DC1 Det:	70002 (Mod. 3)	ADDRESS	2320 Old Waldorf,	d Washingto MD 20601	n Road						
PAYROLL NO. 13.0		FOR WEEK ENI 10/21/2018	DING	PROJECT A St. Elizabe Washingto	eths West	on t Campus B	uilding 54				T OR CONTR 57.1700/G	RACT NO. SS-11-P-17-	MK-C-0020
(1)	NO. OF WITHHOLDING EXEMPTIONS (2)	(3) WORK	(4) DAY AND DATE  MON TUE WED THU FRI SAT SU		(6)	(7)	DE	(8) EDUCTIONS	* Other	Deductions -	1) Local Tax 2) Local Tax 3) Other Dec	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number		CLASSIFICATION	15 16 17 18 19 20 21 HOURS WORKED EACH DAY	TOTAL HOURS	RATE OF PAY (b) (4)	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
	O Brickla	ayer:	D         0         0         0         0         0           O         0         0         0         0         0           S         8.00         0         0         0         0	0.00 0 0.00 0 8.00	(0) (4)								
	2  Point/	'Caulk/Clean	D	0 0.00 0 0.00 0 8.00									
	Brickl:	ayer:	D         0         0         0         0         0         0           O         0         0         0         0         0         0         0           S         8.00         8.00         0         8.00         0         0         0         0	0 0.00 0.00 0.00 0 24.00									
	Brickl:	ayer:	D	0 0.00 0 0.00 0 16.00									

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	OF CONTRACTOR OR SUBCONT	_	Wage DC1 Det:	170	002 (Mo	od. 3)			A	ADDRESS	2320 Old Waldorf,	d Washingto MD 20601	n Road				
PAYRO	DLL NO.		FOR WEEK ENI 10/21/2018	DING	}				S	PROJECT A St. Elizab Vashingto		ion t Campus Bi	uilding 54		CT OR CONTE 357.1700/0		-MK-C-0020
	(1)	NO. OF WITHHOLDING (2) EXEMPTIONS	(3) WORK	101	MON TUE		THU	FRI SAT		(5)	(6)	(7)	(8) * Other DEDUCTIONS	Deductions	s - 1) Local Tax 2) Local Tax 3) Other De	x 2	(9) NET WAGES
(b) (6)	NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO N	CLASSIFICATION	D ST,	15 16 HOUF			19 20 EACH DAY	_	TOTAL HOURS	RATE (b) (4)	GROSS AMOUNT	WITH- HOLDING			TOTAL	PAID FOR WEEK/
		0	ayer.	0	0 0		0	0 0	0	0.00 0.00 16.00							
		Bricki	layer:	D 0 8		0 0	0 0 0	0 0 0 0 0 0 0	0 0 0	0.00 0.00 16.00							
		0 Point	/Caulk/Clean	D O S	0 0	1 1	0 0 0	0 0 0 0 8.00 0	0 0 0	0.00 0.00 8.00							
		0 Brick	layer:	D 0 S	0 0	0 0	0 0 8.00	0 0 0 0 0 0	0 0 0	0.00 0.00 16.00							

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	Wage DC <sup>2</sup> Det:	70002 (Mod. 3)	ADDRESS		•	n Road				
	FOR WEEK EN 10/21/2018	DING	St. Elizabe	eths Wes		uilding 54				-MK-C-002
CDING (2)	(3)		_	(6)	(7)	(8) DEDUCTIONS	* Other D	2) Local Tax	2	(9) NET WAGES PAID
NO. OF WITHHO PEXEMP		HOURS WORKED EACH DAY	TOTAL HOURS	RATE	GROSS AMOUNT	WITH- HOLDING			TOTAL	FOR WEEK Check No.
	yer:	D 0 0 0 0 0 0	0.00	(b) (4)						
1		O         0         0         0         0         0         0           S         8.00         0         0         0         0         0         0	0.00	-						
	NO. OF WITHHOLDING TEXEMPTIONS	Det:    FOR WEEK ENI   10/21/2018    (2)   (3)   (3)   (4)	Det:    FOR WEEK ENDING   10/21/2018	Det:   FOR WEEK ENDING   10/21/2018   PROJECT A St. Elizab   St. Elizab   Washingt   Washingt   CLASSIFICATION     Bricklayer:   D   0   0   0   0   0   0   0   0   0	Det:   Waldorf.   Waldorf.     PROJECT AND LOCAT St. Elizabeths Wes Washington, D.C.	Det:   Waldorf, MD 20601	Det:   Waldorf, MD 20601     Waldorf, MD 20601	Det:   Waldorf, MD 20601     Waldorf, MD 20601       Waldorf, MD 20601       Waldorf, MD 20601       Waldorf, MD 20601	Det:   Waldorf, MD 20601	Det:   Waldorf, MD 20601     Waldorf, MD 20601

Date October 29th, 2018  I, _(b) (6)	<ul> <li>(b) WHERE FRINGE BENEFITS ARE PAID IN CASH</li> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</li> <li>(c) EXCEPTIONS</li> </ul>
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.)  (Contractor or Subcontractor)  St. Elizabeths West Campus Building 54 ; that during the payroll period commencing on the (Building or Work)  15th day of October , 2018 , and ending the 21st day of October , 2018  all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said  Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company from the full Inc.)  (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	REMARKS Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #13
<ul> <li>(4) That:</li> <li>(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS</li> <li>in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.</li> </ul>	NAME AND TITLE:  SIGNATURE:  (b) (6)  THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SU  Atlantic Refinishing & Restoration	BCONTRACTOR ✓ on, Inc.	Wage DC17 Det:	70002 (Mod. 3)	ADDRESS	2320 Old Waldorf,	d Washington MD 20601	n Road			
PAYROLL NO. 14.0		FOR WEEK ENDI 10/28/2018		PROJECT A St. Elizab Washingt	eths Wes	ion t Campus Bu	uilding 54	PROJECT OR CONTRA G17.0357.1700/G		MK-C-0020
(1)	(2) SNOOTI SNOOT	(3)	(4) DAY AND DATE  MON TUE WED THU FRI SAT SUI		(6)	(7)	(8) * Othe DEDUCTIONS	r Deductions - 1) Local Tax 2 2) Local Tax 2 3) Other Dedu	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number	IS≅X	E AGGII TO ATTO IA	22 23 24 25 26 27 28  HOURS WORKED EACH DAY	TOTAL HOURS	RATE (b) (4)	GROSS AMOUNT	WITH- HOLDING		TOTAL	PAID FOR WEEK/
(3)	Brickla 1		D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0.00 0 8.00						
	Point/C		D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0.00						
	0 Brickla		D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0.00 0 0.00 0 40.00						
	Brickla 1		D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0.00 0 0.00 0 40.00						

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	OF CONTRACTOR OR SUBCO	NTRACTOR 🗸	Wage DC1 Det:	700	002 (	(Mod	l. 3)				AE	DDRESS		d Washingto , MD 20601	n Road						
PAYR	OLL NO.		FOR WEEK END	DING	;						PF	ROJECT A	ND LOCAT	TION				PROJEC	T OR CONTE	RACT NO.	
14.0			10/28/2018										eths Wes on, D.C.	st Campus B	uilding 54	4		G17.03	357.1700/0	3S-11-P-17	-MK-C-0020
	(1)	NO. OF WITHHOLDING (C) EXEMPTIONS	(3) WORK	ᅡ		TUE	WED		RISA		_	(5)	(6)	(7)	DI	(8) EDUCTIONS	* Other [	Deductions	- 1) Local Tax 2) Local Tax 3) Other De	< 2	(9) NET WAGES
	NAME, ADDRESS, AND Identification Number	MO. OF WITHHO EXEMP	CLASSIFICATION	ST,					26 27 ACH E	7 28 DAY	4	TOTAL HOUR	RATE	GROSS AMOUNT		WITH- HOLDING				TOTAL	PAID FOR WEEK/
0) (6)		Brickla	ayer:	D	0	0	0	0	0	0	0	0.00	0) (4)								
		0		0	8.00	8.00	0	0 8.00 8	0	0 0	0	40.00									
		Brickla		D O S	0 0 8.00	0 0 8.00	0 0 8.00	0 0 8.00 8	0 0	0 0	0 0	0.00 0.00 40.00									
		Brickla		D O S	0 0 8.00	0 0 8.00	0 0 8.00	0 0 8.00 8	0 0 .00	0 0	0 0	0.00 0.00 40.00									

Date November 2nd, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) (Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employed by	contract, except as noted in Section 4(c) below.
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)	(c) EXCEPTIONS
St. Elizabeths West Campus Building 54 ; that during the payroll period commencing on the (Building or Work)	
22nd day of October , 2018 , and ending the 28th day of October , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #14
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

ME OF CONTRACTOR lantic Refinishing & Res	OR SUBCONTRACTOR	Wage DC1 Det:	70002 (Mod. 3)	ADDRESS		d Washington MD 20601	n Road			
YROLL NO. .0		FOR WEEK END 11/04/2018	DING	PROJECT A St. Elizabe Washingto	eths Wes	ion t Campus Bu	uilding 54	PROJECT OR CON G17.0357.1700		-MK-C-0020
(1) NAME, ADDRESS, AND	NO. OF WITHOLDING (S) EXEMPTIONS	(3) WORK	(4) DAY AND DATE    MON TUE   WED   THU   FRI   SAT   SUI	<b>」</b>	(6)	(7)	(8) * Other I DEDUCTIONS	Deductions - 1) Local <sup>-</sup> 2) Local <sup>-</sup> 3) Other		(9) NET WAGES
Identification Number OF EMPLOYEE		CLASSIFICATION	HOURS WORKED EACH DAY	TOTAL HOURS	RATE (b) (4)	GROSS AMOUNT	WITH- HOLDING		TOTAL	PAID FOR WEEK/
	0	Bricklayer:	D         0         0         0         0         0           O         0         0         0         0         0           S         8.00         8.00         8.00         0         0         0	0.00 0.00 0.00 0.00 0.00						
	1	Bricklayer:	D	0 0.00 0 0.00 0 16.00						
	0	Bricklayer:	D	0 0.00 0 0.00 0 24.00						
	1	Bricklayer:	D         0         0         0         0         0         0           O         0         0         0         0         0         0         0           S         8.00         8.00         8.00         8.00         0         0         0         0         0         0	0 0.00 0 0.00 0 32.00						

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUB- Atlantic Refinishing & Restoration	CONTRACTOR .	Wage DC1 <sup>-</sup> Det:	70002 (Mod. 3)			d Washingto MD 20601	n Road		
PAYROLL NO. 15.0		FOR WEEK END 11/04/2018	ING	PROJECT AND St. Elizabeth Washington,	ns West		uilding 54	PROJECT OR CONTRACT NO. G17.0357.1700/GS-11-P-17	-MK-C-0020
(1)  NAME. ADDRESS. AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING © EXEMPTIONS	(3)  WORK  CLASSIFICATION	(4) DAY AND DATE    MON   TUE   WED   THU   FRI   SAT   SU	TOTAL	(6)	(7) GROSS AMOUNT	(8) * Othe DEDUCTIONS  WITH- HOLDING	r Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions	(9)  NET WAGES PAID FOR WEEK/
o) (6)	Brickl		D   0   0   0   0   0   0   0   0   0	0 0.00 0 0.00 0 40.00	) (4)				

Date November 8th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6)(Name of Signatory Party)(b) (6)(Title)	Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)	(c) EXCEPTIONS
St. Elizabeths West Campus Building 54; that during the payroll period commencing on the (Building or Work)	
29th day of October , 2018 , and ending the 4th day of November , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #15
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

HOURS WORKED EACH DAY HOURS   HOURS	NAME OF CONTRACTOR Atlantic Refinishin	OR SUBCONTRA	ACTOR	Wage DC	170	0002 (Mod. 3)	ADDRESS	2320 Old Waldorf,	d Washingto MD 20601	n Road				
NAME ADDRESS, AND   Section   Sect	16.0			1	DING		St. Elizab	eths Wes	t Campus Bı	uilding 54				MK-C-0020
Bricklayer:		CCC AND			5	MON TUE WED THU FRI SAT SU	4	(6)			:	2) Local Tax	2	NET WAGES
0   D   O   O   O   O   O   O   O   O   O	Identification	Number		CLASSIFICATION		HOURS WORKED EACH DAY	TOTAL HOURS			WITH- HOLDING			TOTAL	FOR WEEK/
Point/Caulk/Clean				Bricklayer:	0	0 0 0 0 0	0.00	-						
O				Point/Caulk/Clean	0	0 0 0 0 0	0.00	-						
0 0 0 0 0 0 0 0 0 0 0 0 0			0		0	0 0 0 0 0	0.00	-						
				Bricklayer:		0 0 0 0 0	0.00							

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

ntic Refinishing & Restoration	on, Inc.	Det:		2 (Mod. 3)					Waldorf,	d Washingto MD 20601							
ROLL NO.		11/11/2018	DING				St	t. Elizab	ROJECT AND LOCATION . Elizabeths West Campus Building 54 ashington, D.C.  PROJECT OR CONTRACT NO. G17.0357.1700/GS-11-P-								MK-C-002
(1)	NO. OF WITHOLDING (3) EXEMPTIONS	(3) WORK	⊨	N TUE WED		RI SAT S	_	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	1) Local Tax 2) Local Tax 3) Other Dec	(2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOUSE EXEMP	LASSIFICATION	ST, 0	6 7 HOURS WO	8 9 RKED EA		_	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK Check No.
	1 Brickla	yer:	D	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 8.00	0 0	0 0 0	0 0	0.00 0.00 16.00	(b) (4)								
	Brickla	yer:	D 0	0 0 0 0 0 0 0 0 8.00	0 (	0 0	0	0.00 0.00 16.00									

Date November 16th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) (Name of Signatory Party)(D) (6) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employed by	contract, except as noted in Section 4(c) below.  (c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
St. Elizabeths West Campus Building 54; that during the payroll period commencing on the (Building or Work)	
5th day of November , 2018 , and ending the 11th day of November , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #16
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	OF CONTRACTOR O	R SUBCONTRACTOR	Wage DC1 Det:	70	002 (M	od. 3)	1			ADDRESS		d Washingto , MD 20601	n Road					
PAYRO		ation, inc.	FOR WEEK END 11/18/2018	DINC	3				;	PROJECT St. Elizat Washing	AND LOCAT	TION st Campus B	uilding 54			r or contr 57.1700/G		7-MK-C-0020
	(1)	(2) SNOOL ONO	(3)	OT or DT	MON TU		THU	FRI SA	T SUN	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other I	1) Local Tax 2) Local Tax 3) Other Dec	2	(9)  NET  WAGES
	NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST,		8 14 RS WO			7 18 DAY	TOTAL HOURS	RATE	GROSS AMOUNT		WITH- HOLDING			TOTAL	PAID FOR WEEK/ Check No.
(b) (6)			oorer: mmon/General	D 0 s	0	0 0	0	0	0 0	0.00	(b) (4)							
				0	0 8.0	<u> </u>	0	<u> </u>	0 0	8.00	=							
		O Brid	cklayer:	D O S	0 8.00 8.0	0 0 0 0 0 8.00	0 0	0	0 0 0 0 0 0	0.00 0.00 24.00	-							
		1 Brid	cklayer:	D 0 8	0	0 0 0 0 0 8.00	0 0	0 0	0 0 0 0	0.00 0.00 8.00	-							

Date November 30th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6)(Name of Signatory Party) _(b) (6)(Title)	Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employed by	contract, except as noted in Section 4(c) below.  (c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)	(c) EXCELLIGING
St. Elizabeths West Campus Building 54; that during the payroll period commencing on the (Building or Work)	
12th day of November , 2018 , and ending the 18th day of November , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #17
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date November 30th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) (Name of Signatory Party)(D) (6) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employed by	contract, except as noted in Section 4(c) below.  (c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
St. Elizabeths West Campus Building 54; that during the payroll period commencing on the (Building or Work)	
19th day of November , 2018 , and ending the 25th day of November , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11-P-17-MK-C-0020, ,Payroll #18Payroll #18 - No Work Performed
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCON Atlantic Refinishing & Restoration, In		Wage DC1 Det:	700	02 (N	lod.	3)					ADDRESS		d Washin , MD 206		n Road						
PAYROLL NO. 19.0	9.0 12/02/201					DING						PROJECT AND LOCATION t. Elizabeths West Campus Building 54 //ashington, D.C. PROJECT OR CONTR. G17.0357.1700/G						RACT NO. GS-11-P-17-MK-C-0020			
(1) (2) SNUCTO NAME, ADDRESS, AND		(3) WORK	I≒L	(4) DAY AND DATE  MON TUE WED THU FRI SAT SUN						(5)	(6)	(7)		DE	(8) EDUCTIONS	* Other	r Deductions	eductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions			
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST,	26 2 HOL		28   2 WORI		30 EACI	1 H DA	2 Y	TOTAL HOURS	RATE OF PAY	GROSS AMOUN EARNEI	Т	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTION	PAID FOR WEEK/ Check No.
(6)	L	.aborer/Skilled	D	0	0	0	0	0	0	C	0.00	(b) (4)									
	0		0	0	0	0	0	0	0	C	0.00										
			S	0 8.0	00	0	0	0	0	0	8.00										

Date December 7th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6)(Name of Signatory Party)(b) (6)(Title)	Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)	(c) EXCEPTIONS
St. Elizabeths West Campus Building 54; that during the payroll period commencing on the (Building or Work)	
26th day of November , 2018 , and ending the 2nd day of December , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #19
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUB- Atlantic Refinishing & Restoration	CONTRACTOR .	Wage DC1 Det:	70002 (Mod. 3)			d Washingto MD 20601	n Road				
PAYROLL NO. 20.0		FOR WEEK ENI 12/09/2018		PROJECT AN St. Elizabet Washingtor	hs Wes		uilding 54		OJECT OR CONTRA 17.0357.1700/G		-MK-C-0020
(1) (2) SAND SAND III (2)		(3) WORK	(4) DAY AND DATE  MON TUE WED THU FRI SAT SUI	<b>⊣</b> 1	(6)	(7)	(8) DEDUCTIONS	* Other Deduc	ctions - 1) Local Tax 2 2) Local Tax 2 3) Other Dedi	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	15 エ 는 1	CLASSIFICATION	3 4 5 6 7 8 9  HOURS WORKED EACH DAY	TOTAL HOURS	RATE	GROSS AMOUNT	WITH- HOLDING			TOTAL	PAID FOR WEEK/ Check No
(6)	Labore Comm	er: oon/General	D         0         0         0         0         0         0           O         0         0         0         0         0         0         0           S         0         0         0         0         8.00         0         0	0 0.00 0 0.00 0 8.00	0) (4)						

Date December 13th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) (Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
St. Elizabeths West Campus Building 54; that during the payroll period commencing on the (Building or Work)	
3rd day of December , 2018 , and ending the 9th day of December , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #20
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

CONTRACTOR Refinishing & Ref	OR SUBCONTRACTOR	R ✓ Wage DC1 Det:	70002 (Mod. 3)	ADDRESS	2320 Old Waldorf,	d Washingtor MD 20601	n Road			
NO.		FOR WEEK END 12/16/2018		PROJECT A St. Elizabe Washingto	eths Wes	t Campus Bu		G17.03	T OR CONTRACT NO. 57.1700/GS-11-P-17-	MK-C-0020
(1)	NO. OF WITHOUNG (2)	(3) WORK	(4) DAY AND DATE  MON TUE WED THU FRI SAT SU  10 11 12 12 14 15 14		(6)	(7)	DEDUCTIONS	her Deductions	- 1) Local Tax 1 2) Local Tax 2 3) Other Deductions	(9) NET WAGES
NAME, ADDRESS, ANI Identification Number OF EMPLOYEE	NO. OF WITHHO		10 11 12 13 14 15 16  HOURS WORKED EACH DAY	TOTAL HOURS	RATE (b) (4)	GROSS AMOUNT	WITH- HOLDING		TOTAL	PAID FOR WEEK/
	5	Laborer: Common/General		0.00 0 0.00 0 16.00						
	1 Insur	Laborer: Common/General rance: 35.26		0 0.00 0 0.00 0 8.00						
	0	Bricklayer:		0.00 0 0.00 0 32.00						
	Insur	rance: 35.26								
	1	Laborer: Common/General		0 0.00 0 0.00 0 8.00						

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

PAYROLL NO.		FOR WEEK END								CT AND L					PROJECT OR CONTRACT				
21.1		12/16/2018									zabeths ngton, [		t Campus Bu	uilding 54		G17.0	357.1700/G	S-11-P-17	-MK-C-002
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS (2)		ե		UE WE	ED TH		SAT		1		(6)	(7)	(8) DEDUCTIONS	* Other	Deductions	- 1) Local Tax 2) Local Tax 3) Other Ded	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO CXEMP-	WORK LASSIFICATION	ST,		11 1. OURS W					TOTA HOU		RATE	GROSS AMOUNT	WITH- HOLDING				TOTAL	PAID FOR WEEK
5)	Brickla		D	0	0	1	0 (	0 (	0	0.0	00	(4)							
	1		0	8.00 8	0 8.00 8.0	1	0 0	0 0	0 0	24.0									
	Brickla		D	0 0 0 8	0 0 8.00 8.0	0	0 (	0 (0	0 0	0.0 0.0 24.0	00								

Date December 28th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6)(Name of Signatory Party)(b) (6)(Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employed by	contract, except as noted in Section 4(c) below.  (c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)	(a) EXCELLINATE
St. Elizabeths West Campus Building 54 ; that during the payroll period commencing on the (Building or Work)	
10th day of December , 2018 , and ending the 16th day of December , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Health & Dental Insurance, Other	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Revised Payroll #21.1-Entries were wrong.
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

RACTOR OR SUBCONTRACTOR	OR Wage DC Det:	170002 (Mod. 3)	ADDRESS		d Washingtor MD 20601	n Road				
	FOR WEEK EN 12/23/2018		PROJECT A St. Elizab Washingto	eths Wes	ION t Campus Bu	ilding 54	1	DJECT OR CONTRA 7.0357.1700/G		7-MK-C-0020
(1) (2 SNIGTOL NO. 10 PH. NO. 10	) (3) SOOF WORK	(4) DAY AND DATE    MON   TUE   WED   THU   FRI   SAT   SUE   SUE	(5)	(6)	(7)	(8) DEDUCTIONS	* Other Deduct	ions - 1) Local Tax 1 2) Local Tax 2 3) Other Dedu	2	(9)  NET  WAGES  PAID
ntification Number	CLASSIFICATION Laborer:	HOURS WORKED EACH DAY	HOURS	RATE (b) (4)	GROSS AMOUNT	WITH- HOLDING			TOTAL	FOR WEEK/
1	Common/General	O 0 0 0 0 0 1.50 0 S 0 8.50 8.00 8.50 6.50 0	0 0.00 0 1.50 0 31.50							
5	Laborer: Common/General	D	0 0.00 0 0.75 0 32.00							
0	Bricklayer:	D         0         0         0         0         0         0           O         0         0         0         0         1.00         0           S         0         8.25         8.00         8.50         7.00         0	0 0.00 0 1.00 0 31.75							
1	Bricklayer:	D	0 0.00 0 1.50 0 31.75							

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	BCONTRACTOR 🗸	Wage DC1	70002 (Mod. 3)			d Washingto , MD 20601	n Road						
Atlantic Refinishing & Restoration  PAYROLL NO.  22.0	i, iiic.	FOR WEEK END 12/23/2018	DING	PROJECT AN St. Elizabe Washingto	ths Wes	ION It Campus Bi	uilding 54				T OR CONTR 57.1700/G		MK-C-0020
(1)	NO. OF WITHOLDING (2) EXEMPTIONS	(3) WORK	(4) DAY AND DATE  MON TUE WED THU FRI SAT SU	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions -	1) Local Tax 2) Local Tax 3) Other Ded	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHC EXEMP:	CLASSIFICATION	17 18 19 20 21 22 2 HOURS WORKED EACH DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
) (6)		orer: nmon/General	D         0         0         0         0         0           O         0         0         0         0         0.75         0           S         8.00         8.00         8.25         8.25         7.50         0	0 0.00 0 0.75 0 40.00	0) (4)								
				•									
	1	klayer:	D         0         0         0         0         0           O         0         0         0         1.25         0           S         0         8.50         7.75         8.50         7.00         0	0 0.00 0 1.25 0 31.75									
	Brick 1	klayer:	D         0         0         0         0         0           O         0         0         0         1.25         0           S         0         8.25         8.25         7.00         0	0 0.00 0 1.25 0 31.75									
				1									

Date December 28th, 2018	(b) WHERE F	E FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6)  (Name of Signatory Party)  (Title)  do hereby state:  (1) That I pay or supervise the payment of the persons employed by  Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the	(c) EXCEPTION	indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
Inc.) (Contractor or Subcontractor)  St. Elizabeths West Campus Building 54; that during the payroll period commencing on the (Building or Work)  17th day of December , 2018, and ending the 23rd day of December , 2018  all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said  Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company from the full Inc.) (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:		
FICA, FWH, Medicare, State Tax, Other	REMARKS Contract #GS-1	5-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #22
<ul> <li>(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.</li> <li>(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are</li> </ul>	Contract #CO 1	7111 17 MIC & 6020, Wage Beetsleif #B&176602 Med & 65/65/17, i ayleif #22
registered with the Bureau of Apprenticeship and Training, United States Department of Labor.  (4) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE:	: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.		(D) (6)  FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR OR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE D STATES CODE.

Date January 17th, 2019	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) (Name of Signatory Party)(b) (6) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employed by	contract, except as noted in Section 4(c) below.  (c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)	(a) Executions
St. Elizabeths West Campus Building 54 ; that during the payroll period commencing on the (Building or Work)	
24th day of December , 2018 , and ending the 30th day of December , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11-P-17-MK-C-0020, ,Payroll #23Payroll #23 - No Work Performed
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
noted in section 4(c) below.	31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	NAME OF CONTRACTOR OR SUBCONTRACTOR Refinishing & Restoration, Inc.	_	Wage DC1 Det:	170	002 (Mod. 3)	ADDRESS	2320 Old Waldorf,	Washingto MD 20601	n Road						
	PAYROLL NO. 24.0		FOR WEEK ENI 01/06/2019	DING		PROJECT A St. Elizabe Washingto	eths West	ON : Campus Bu	uilding 54				F OR CONTR. 57.1700/G		MK-C-0020
	(1)	(2) SNOIL	(3)	OT or DT	(4) DAY AND DATE  MON TUE WED THU FRI SAT SU	_	(6)	(7)	DE	(8) DUCTIONS	* Other		1) Local Tax 2) Local Tax 3) Other Ded	2	(9) NET WAGES
b) (	NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT	31 1 2 3 4 5 6  HOURS WORKED EACH DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
			orer: nmon/General	D O S		0.00 0 0.00 0 8.00	(b) (4)								
			orer: nmon/General	D 0 8	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0.00 0 0.00 0 8.00									
		Bric	klayer:	D 0 8	0 0 0 0 0	0 0.00 0 0.00 0 8.00									
			orer: nmon/General	D O S	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 8.00 0	0 0.00 0 0.00 0 8.00									

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCO	nc.	Wage DC1 Det:	70	002 (Mo	d. 3)					ADE	DRESS	2320 Ol Waldorf			n Road						
PAYROLL NO. 24.0		FOR WEEK END 01/06/2019	OINC	3						St. I	Elizab	AND LOCAT eths Wes on, D.C.		ipus Bu	ilding 54				T OR CONTR 57.1700/G	ACT NO. SS-11-P-17-	MK-C-0020
(1) NAME. ADDRESS. AND	NO. OF WITHHOLDING (C) EXEMPTIONS	(3) WORK	OT or DT	MON TUE	4) DAY				_	4	(5)	(6)		7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Tax 2) Local Tax 3) Other Dec	2	(9) NET WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHH EXEMP	CLASSIFICATION	ST,		S WOI		D EA			٦ -	TOTAL IOURS	RATE OF PAY	AMC	OSS DUNT RNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/
(6)	Brick	layer:	D O		0	0	<u> </u>	0 (	0	_	0.00	(b) (4)									
			S	0 0	0	0	8.00	0 (	0 (	)	8.00										

Date January 17th, 2019	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) (Name of Signatory Party) (Title)	Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)	(c) EXCEPTIONS
St. Elizabeths West Campus Building 54; that during the payroll period commencing on the (Building or Work)	
31st day of December , 2018 , and ending the 6th day of January , 2019	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #24
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	or sontractor or solic Refinishing & Restorati	SUBCONTRACTOR ion, Inc.	✓ Wage DC1 <sup>-</sup> Det:	700	002 (Mc	od. 3)				ADDRESS		d Washington MD 20601	on Road			
PAYR0 25.0	LL NO.		FOR WEEK END 01/13/2019	ING	9				;	PROJECT A St. Elizab Washingto	eths Wes	ion t Campus Bu	uilding 54	OR CONTRACT		-MK-C-0020
	(1)	(2) SNOING LIONS	WORK	하	MON TUE		THU	FRI S	SAT SUN	(5)	(6)	(7)	(8) * Other D DEDUCTIONS	1) Local Tax 1 2) Local Tax 2 3) Other Deduction	ons	(9) NET WAGES
) (6)	NAME, ADDRESS, AND Identification Number	O. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	ST,	7 8 HOUF	9 RS WOF	10 RKED		12 13 DAY	TOTAL HOURS	RATE (b) (4)	GROSS AMOUNT	WITH- HOLDING		TOTAL	PAID FOR WEEK/
			ommon/General	D O S	0 0 0 8.00 8.00	1 1	0 8.00	0 0	0 0 0 0	0.00 0.00 32.00						
			ommon/General	D O S	0 0 0 0 8.00 8.00	0 0 8.00	0 0 8.00	0 0 8.00	0 0 0 0	0.00 0.00 40.00						
			ommon/General	D O S		0 0 0	0 0	0 0	0 0 0 0	0.00 0.00 3.25						
			ommon/General	D O S	0 0 0 0 0 4.25	0 0	0 0	0 0	0 0 0 0 0 0	0.00 0.00 4.25						

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR S Atlantic Refinishing & Restorati	Dot-	170002 (Mod. 3)	ADDRESS	2320 Old Waldorf,	d Washingto MD 20601	n Road			
PAYROLL NO. 25.0	FOR WEEK EN 01/13/2019	DING	PROJECT A St. Elizabe Washingto	eths Wes	ion t Campus Bi	uilding 54		CT OR CONTRACT NO. 357.1700/GS-11-P-17	-MK-C-0020
(1)	(2) (3) SNOTOLLAM WORK ON CLASSIFICATION ON CLASSIFICATION	(4) DAY AND DATE  MON TUE WED THU FRI SAT SU		(6)	(7)	(8) DEDUCTIONS	* Other Deductions	- 1) Local Tax 1 2) Local Tax 2 3) Other Deductions	(9) NET WAGES
NAME, ADDRESS, AND Identification Number	CLASSIFICATION  Laborer:	T   S   S   S   T   T   T   T   T   T	TOTAL HOURS  0 0.00	RATE (b) (4)	GROSS AMOUNT	WITH- HOLDING		TOTAL	PAID FOR WEEK/
	0 Common/General	O 0 0 0 0 0 0	0 0.00 0 0.00 0 40.00						
	Bricklayer:	0 0 0 0 0 0	0 0.00 0 0.00 0 40.00						
	Laborer: Common/General	D	0 0.00 0 0.00 0 32.00						
	Laborer: Common/General	D   O   O   O   O   O   O   O   O   O	0.00						
		S 0 3.00 0 0 0 0	0 3.00						

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR S Atlantic Refinishing & Restorati	on, Inc.	Wage DC17 Det:	70002 (Mod. 3)			d Washingtor MD 20601	n Road			
PAYROLL NO. 25.0		FOR WEEK ENDI		PROJECT AN St. Elizabe Washingto	ths Wes	ion t Campus Bu	ilding 54	PROJECT OR CON G17.0357.1700		7-MK-C-0020
(1)	(2) SNIOTO SNIOTO		(4) DAY AND DATE  MON TUE WED THU FRI SAT SUI	4	(6)	(7)	(8) * Oth DEDUCTIONS	ner Deductions - 1) Local 2) Local 3) Other		(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	_ASSIFICATION	7 8 9 10 11 12 13  HOURS WORKED EACH DAY	TOTAL HOURS	RATE  (4)	GROSS AMOUNT	WITH- HOLDING		TOTAL	PAID FOR WEEK/
(0)	1 Bricklay		D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00						
	Bricklay		D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00						

Date January 17th, 2019  I, _(b) (6)	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH  - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.  (c) EXCEPTIONS
St. Elizabeths West Campus Building 54; that during the payroll period commencing on the (Building or Work)  7th day of January, 2019, and ending the 13th day of January, 2019  all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #25
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
<ul><li>(4) That:</li><li>(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS</li></ul>	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	OF CONTRACTOR OR	SUBCONTRACTOR 🗸	Wage DC1 Det:	70	002	(Mod.	3)				ADDRESS		d Washingto , MD 20601	on Road						
PAYROI 26.0	LL NO.		FOR WEEK END 01/20/2019	OINC	G						St. Elizab	AND LOCAT beths Weston, D.C.	TION st Campus E	Building 54				T OR CONTR 357.1700/G		MK-C-0020
	(1)	OF HHOLDING (2) MPTIONS	(3) WORK	OT or DT	$\vdash$	TUE WI	ED TI		RI SA	AT SUN	1	(6)	(7)	DE	(8) EDUCTIONS	* Othe	r Deductions	- 1) Local Tax 2) Local Tax 3) Other Dec	2	(9) NET WAGES
(6)	NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO.	CLASSIFICATION	ST,	14 H	15 1				9 20 DAY	TOTAL HOURS	(h) (1)	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
) (6)		Labo Com	orer: mon/General	0	0	0	0	0	0	0 0	0.00	(D) (4)								
				S	0	10.25 9.	00 9.	00 7.5	60	0 0	35.75	=								
			orer: mon/General	D 0 8	0	0 0 10.25 9.	0 0 00 9.	0 0 0 7.5	0 0	0 0 0 0 0 0	0.00 0.00 35.75	-								

I, _(b) (6)(Title)  do hereby state:  (1) That I pay or supervise the payment of the persons employed by  Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)  St. Elizabeths West Campus Building 54; that during the payroll period commencing on the	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH  - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.  (c) EXCEPTIONS
(Building or Work)  14th day of January , 2019 , and ending the 20th day of January , 2019  all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.)  (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #26
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
<ul><li>(4) That:</li><li>(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS</li></ul>	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	F CONTRACTOR OR SUBCONTR ic Refinishing & Restoration, Inc.	ACTOR	Wage DC1 Det:	170	002	(Mod	d. 3)				,	ADDRESS	2320 Old Waldorf,	d Washingto , MD 20601	on Road				
PAYROL 27.0	L NO.		FOR WEEK ENI 01/27/2019	DIN	3						8		and LOCATI eths Wes on, D.C.	ion it Campus Bi	uilding 54		T OR CONTR 57.1700/G		MK-C-0020
	(1)	(2) SNOL	(3)	OT or DT		TUE		THU	FRI	SAT		(5)	(6)	(7)	(8) DEDUCTIONS	* Other D	1) Local Tax 2) Local Tax 3) Other Dec	2	(9) NET WAGES
	NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST,	21	22 IOURS					27	TOTAL HOURS	RATE	GROSS AMOUNT	WITH- HOLDING			TOTAL	PAID FOR WEEK/
(b) (6)			Laborer: Common/General	0		0	0	0	0	0	0	0.00	(b) (4)						
				s		9.50 1	10.00	0.00	3.50	0	0	33.00							
			_aborer: Common/General	D 0 S	0	0 0	0 0 7.25 1	0 0.00	0 0	0 0 0	0 0	0.00 0.00 17.25							
			_aborer: Common/General	D 0 8	0	0 0 10.00 1	0 0 10.00 1	0 0 0.00	0 0 3.50	0 0 0	0 0 0	0.00 0.00 33.50							

Date February 14th, 2019	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) (Name of Signatory Party)(b) (6) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employed by	contract, except as noted in Section 4(c) below.
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)	(c) EXCEPTIONS
St. Elizabeths West Campus Building 54; that during the payroll period commencing on the (Building or Work)	
21st day of January , 2019 , and ending the 27th day of January , 2019	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #27
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	NAME OF CONTRACTOR OR SUBCONTRACTOR Refinishing & Restoration, Inc.	ACTOR	✓ Wage DC <sup>2</sup> Det:	70	002 (1	Mod	d. 3)				ADDRESS	2320 Old Waldorf,	d Washingto MD 20601	on Road					
	PAYROLL NO. 28.1		FOR WEEK EN 02/03/2019	DINC	3					5	PROJECT A St. Elizab Washingto	eths West	on t Campus Bi	uilding 54			T OR CONTRACT NO. 357.1700/GS-11-F		C-0020
	(1)	(2) SNOIL	(3)	OT or DT		TUE	WED TI	HU FR	SAT		(5)	(6)	(7)	(8) * Ot DEDUCTIONS	ther D	Deductions ·	- 1) Local Tax 1 2) Local Tax 2 3) Other Deductions	N WA	9) IET AGES
b) (	NAME, ADDRESS, AND Identification Number	O. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST,	HC		30 3 S WORK	KED EA	CH D	AY	TOTAL HOURS	RATE (b) (4)	GROSS AMOUNT	WITH- HOLDING			тот	=05	PAID WEEK/
			aborer: common/General	D O S	0	0 0 9.75	0 0 9.75 10.	0 8.00	0 0	0 0 0	0.00 8.00 40.00	- -							
		1	ile Setter	D 0 8		0 0 7.75	0 0 0 8.	0 (	1		0.00 0.00 20.75								
			aborer: common/General	D 0 8		0 0 2.00	0 0 0 2.	0 ( 0 ( .00 4.50	0 0		0.00 0.00 16.50	_							
		0	ile Setter	D 0 8		0 0 7.75	0 0 8.00 8.	0 ( 0 5.00	0 0	0 0	0.00 5.00 23.75								

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

28.1 (1) (2) (0) (2) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	FOR WEEK ENDIN 02/03/2019	5	(4) D	DAY AN	ND DA			PROJECT A St. Elizabe Washingto	eths West	on : Campus Bเ	uilding 54				T OR CONTR	ACT NO.	
(1) (2)	(3)	5	(4) D	A YAC	ND DA					. Campus Bu	illuling 54			C17 02			
, , , , , , , , , , , , , , , , , , , ,	10	5	(4) D	AY AN	ND DA									G17.03	57.1700/G	S-11-P-17-	MK-C-0020
Identification Number	WORK 6	MON 1		_	IU FR	RI SAT		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions -	1) Local Tax 2) Local Tax 3) Other Ded	2	(9) NET WAGES
	SSIFICATION 5	, L	29 30 DURS W			2 ACH D		TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Laborer:	/General	0 0	0	0 (	0 0	0 0	0 (	0.00	(b) (4)								
0	Oenerai		0	0 (	0 1.75	75 (	0 (	0 1.75									
	S	S 7.50 2	2.00 2.0	00 2.00	0 2.75	'5 C	) (	16.25									

Date February 14th, 2019	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) (Name of Signatory Party)(b) (6) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the</li> </ul>
do hereby state:  (1) That I pay or supervise the payment of the persons employed by	contract, except as noted in Section 4(c) below.
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)  St. Elizabeths West Campus Building 54; that during the payroll period commencing on the	(c) EXCEPTIONS
(Building or Work)  28th day of January , 2019 , and ending the 3rd day of February , 2019  all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Revised Payroll #28.1-The wage scale that I was given has Tile Setter at 27.25 + 10.68 = 37.93. Both employees were paid 37.93 per hour worked.
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE:  SIGNATURE:  (b) (6)
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

OR SUE efinishing & Restoration	BCONTRACTOR n, Inc.	Wage DC1 Det:	70002 (Mod. 3)	ADDRESS		d Washingtor MD 20601	n Road			
).		FOR WEEK ENI 02/10/2019	DING	PROJECT A St. Elizabe Washingto	eths Wes	on t Campus Bu	uilding 54	PROJECT OR CONT G17.0357.1700/		-MK-C-0020
(1)	OF WITHHOLDING (2) EXEMPTIONS (3)	(3) WORK	(4) DAY AND DATE  MON TUE WED THU FRI SAT SUI	<b>」</b>	(6)	(7)	(8) * Other D DEDUCTIONS	eductions - 1) Local Ta 2) Local Ta 3) Other D	ax 2	(9) NET WAGES
IAME, ADDRESS, AND	ı	CLASSIFICATION  Laborer:	10   10   10   10   10   10   10   10	TOTAL HOURS 0.00	RATE  (4)	GROSS AMOUNT	WITH- HOLDING		TOTAL	PAID FOR WEEK
	1	Common/General	O 0 0 0 0 0 0.25 0 S 8.00 8.00 8.25 9.00 6.75 0	0.25						
	1	Terrazzo Finisher	D	0.00						
	1	Tile Setter	D	0.00						
	1	Laborer: Common/General	D         0         0         0         0         0         0           O         0         0         0         0         0         0         0           S         7.75         8.00         4.25         0         0         0         0	0.00						

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	CONTRACTOR Res	OR SUBCONTRACTOR	R ✓ Wage DC <sup>2</sup> Det:	170002 (Mod. 3)	ADDRESS	2320 Old Waldorf,	d Washington MD 20601	n Road		
PAYROL 29.0	NO.		FOR WEEK EN 02/10/2019		PROJECT A St. Elizab Washingto	eths Wes	ion t Campus Bu	uilding 54	PROJECT OR CONTRACT NO. G17.0357.1700/GS-11-P-17-	-MK-C-0020
	(1)	(2) SNOT GO	(3)	(4) DAY AND DATE  MON TUE WED THU FRI SAT SUN		(6)	(7)	(8) * Other E DEDUCTIONS	Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions	(9) NET WAGES
(6)	NAME, ADDRESS, AND Identification Number	O. OF WITHOLDING EXEMPTIONS	WORK CLASSIFICATION Laborer/Skilled	4 5 6 7 8 9 10 HOURS WORKED EACH DAY	TOTAL HOURS	RATE b) (4)	GROSS AMOUNT	WITH- HOLDING	TOTAL	PAID FOR WEEK/
		0	Laboret/Skilled	D         0         0         0         0         0         0         0           O         0         0         0         0         1.25         0         0           S         0         0         0         0         2.75         0         0	0.00 1.25 2.75					
		0	Terrazzo Finisher	D	0.00 0.00 9.00					
		0	Tile Setter	D         0	0.00 0.00 7.25					
		0	Laborer: Common/General	D	0.00					

Date February 14th, 2019	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6)(Name of Signatory Party)(b) (6)(Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employed by	contract, except as noted in Section 4(c) below.  (c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)	(c) EXCEPTIONS
St. Elizabeths West Campus Building 54; that during the payroll period commencing on the (Building or Work)	
4th day of February , 2019 , and ending the 10th day of February , 2019	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #29
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

ME OF CONTRACTOR OR	subcontractor 🗸	Wage DC17	0002 (	Mod. 3)	1		ADDRESS		d Washington MD 20601	n Road				
YROLL NO. 1.0		FOR WEEK ENDIN 02/17/2019	NG				PROJECT / St. Elizab Washingt	AND LOCATI eths Wes on, D.C.	on t Campus Bเ	uilding 54		or contr. 57.1700/G		-MK-C-0020
(1)	(2) SNOIL SNOIL		MON .	TUE WED		I SAT SU		(6)	(7)	(8) DEDUCTIONS	* Other D	1) Local Tax 2) Local Tax 3) Other Ded	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	S × X	ASSIFICATION		12 13 DURS WO	RKED EA	16 17	TOTAL HOURS	RATE (b) (4)	GROSS AMOUNT	WITH- HOLDING			TOTAL	PAID FOR WEEK/ Check No
	Laborer Commo 1	n/General	$\perp$	0 0 0 0 7.00 0	0 0	0 0	0 0.00 0 0.00 0 30.50	(~) (~)						
	Laborer 1	n/General		0 0 0 0 6.00 8.00	0 C		0 0.00 0 0.00 0 40.00							
	Terrazzo	o Finisher C	0 0	0 0 0 0 3.00 7.75	0 0 0 6.75 0 3.25	5 0	0 0.00 0 6.75 0 17.00							
	Tile Sett	0		0 0 0 0	0 0	0	0 0.00 0 0.00 0 10.00							

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

PRIVED   PRIVED   PROJECT ARC DOCATION   St. Elizabeth West Campus Building 54   G17.0357,1700/GS-11-P17-MK-C-0020   G17.0357,1700/GS-11		OF CONTRACTOR OR SUBCO	ONTRACTOR 🗸	Wage DC1	70002 (Mod. 3)	ADDRESS		d Washington MD 20601	n Road				
NAME: ADDRESS, AND Memilification Number    Society of the productions of the production of the produc		DLL NO.			ING	St. Elizab	eths Wes	on t Campus Bu	uilding 54				-MK-C-0020
Laborer:		NAME, ADDRESS, AND		WORK	MON TUE WED THU FRI SAT SU	N 7	, ,	GROSS	DEDUCTIONS	* Other Deduction	2) Local Tax 2	2	NET WAGES PAID
O	(b) (6)	Identification Number	Labore	rer: non/General	HOURS WORKED EACH DAY   D   0   0   0   0   0   0   0   0   0	0 0.00 0.00		AMOUNT	HOLDING			TOTAL	FOR WEEK/
1			Comm	non/General	O 0 0 0 0 0	0.00							
					O 0 0 0 0 0	0.00							
					O 0 0 0 0 0	0.00							

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	ME OF CONTRACTOR OR SUBCO	NTRACTOR 🗸	Wage DC	170002 (Mod. 3)	ADDRESS		d Washingtor MD 20601	n Road			
30.	(ROLL NO. 0		FOR WEEK EN 02/17/2019	DING	PROJECT A St. Elizabe Washingto	eths Wes	ion t Campus Bu	uilding 54	PROJECT OR CONT G17.0357.1700/		-MK-C-0020
	(1) NAME, ADDRESS, AND	NO. OF WITHHOLDING (2) EXEMPTIONS	(3) WORK	(4) DAY AND DATE    MON   TUE   WED   THU   FRI   SAT   SL     11   12   13   14   15   16   1		(6)	(7) GROSS	DEDUCTIONS	Deductions - 1) Local Ta 2) Local Ta 3) Other D	ax 2	(9)  NET  WAGES  PAID
(b) (6)	Identification Number OF EMPLOYEE		CLASSIFICATION Setter	HOURS WORKED EACH DAY  D 0 0 0 0 0 0  O 0 0 0 0	TOTAL HOURS 0 0.00 0 0.00	RATE (b) (4)	AMOUNT	WITH- HOLDING		TOTAL	FOR WEEK/
					0 10.00						
			orer: nmon/General	D         0         0         0         0         0         0           O         0         0         0         2.00         10.00         0           S         0         8.00         8.00         6.00         0         0	0 0.00 0 12.00 0 22.00						
		Brick	klayer:	D	0 0.00 0 0.00 0 16.75						
		Brick	klayer:	D	0 0.00 0 0.00 0 16.25						

Date February 21st, 2019	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _ <mark>(b) (6)                                 </mark>	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)	(c) EXCEPTIONS
St. Elizabeths West Campus Building 54; that during the payroll period commencing on the (Building or Work)	
11th day of February , 2019 , and ending the 17th day of February , 2019	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #30
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUB- Atlantic Refinishing & Restoration	CONTRACTOR 🗸	Wage DC1 Det:	70002 (Mod. 3)	ADDRESS		d Washingto MD 20601	n Road			
PAYROLL NO. 31.0		FOR WEEK END 02/24/2019		PROJECT A St. Elizabe Washingto	eths Wes	ion t Campus Bi		PROJECT OR CONTE G17.0357.1700/0	-MK-C-0020	
(1)	(2) SNOTI		(4) DAY AND DATE  MON TUE WED THU FRI SAT SU	(5) N	(6)	(7)	(8) * Othe DEDUCTIONS	r Deductions - 1) Local Tax 2) Local Tax 3) Other De	x 2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK LASSIFICATION	18 19 20 21 22 23 24 HOURS WORKED EACH DAY	TOTAL HOURS	RATE (b) (4)	GROSS AMOUNT	WITH- HOLDING		TOTAL	PAID FOR WEEK/
(6)	Labore Commo	on/General	D         0         0         0         0         0         0           O         0         0         0         0         0         0         0           S         8.00         0         0         7.25         7.50         0	0 0.00 0 0.00 0 22.75						
	Labore 1	on/General	0 0 0 0 0 0 0	0 0.00 0 0.00 0 35.75						
	Tile Se		D         0         0         0         0         0         0           O         0         0         0         0         0         0         0           S         7.00         5.00         4.00         0         4.00         0         0	0 0.00 0 0.00 0 20.00						
	Labore Commo	on/Conorol		0 0.00 0 0.00 0 16.50						

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBC	D/	DC170002 (Mod. 3)	ADDRESS	2320 Old Waldorf,	d Washingtor MD 20601	n Road		
PAYROLL NO. 31.0		NEEK ENDING 4/2019	PROJECT AI St. Elizabe Washingto	ths Wes	on t Campus Bu	illding 54	CONTRACT NO. 1700/GS-11-P-17-	MK-C-0020
(1)	(2) (3)  9) ON WORLD WARM CLASSIFIC ON WORLD CLASSIFIC ON	(4) DAY AND DATE  MON TUE WED THU FRI SAT SU		(6)	(7)	(8) * Oti DEDUCTIONS	ocal Tax 1 ocal Tax 2 other Deductions	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE		ATION HOURS WORKED EACH DAY	TOTAL HOURS	RATE (b) (4)	GROSS AMOUNT	WITH- HOLDING	TOTAL	PAID FOR WEEK/
b) (0)	Tile Setter		0 0.00 0 0.00 0 19.75					
	Laborer: Common/Gene	0 0 0 0 0 0	0 0.00 0 0.00 0 16.50					
	Laborer/Skilled	D         0         0         0         0         0         0           O         0         0         0         0         0         0         0           S         6.75         0         0         0         0         0         0	0 0.00 0 0.00 0 6.75					
	Tile Setter	D	0 0.00 0 0.00 0 9.00					

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCO	NTRACTOR <b>v</b>	Wage DC1 Det:	70002 (Mod. 3)			l Washingtor MD 20601	n Road		
PAYROLL NO. 31.0		FOR WEEK END 02/24/2019		PROJECT AN St. Elizabet Washington	hs West	ON : Campus Bu	uilding 54	PROJECT OR CONTRACT NO. G17.0357.1700/GS-11-P-1	7-MK-C-0020
(1)  NAME. ADDRESS. AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING (2) EXEMPTIONS (2)	(3) WORK CLASSIFICATION	(4) DAY AND DATE    MON   TUE   WED   THU   FRI   SAT   SUN	TOTAL	(6) b) (4)	(7) GROSS	(8) * Other DEDUCTIONS	Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions	(9)  NET WAGES PAID FOR WEEK/
(6)	La	borer: mmon/General	D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0.00 12.50	D) ( <del>1</del> )				

Date February 28th, 2019	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) (Name of Signatory Party)(b) (6) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)	(c) EXCEPTIONS
St. Elizabeths West Campus Building 54; that during the payroll period commencing on the (Building or Work)	
18th day of February , 2019 , and ending the 24th day of February , 2019	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #31
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

ONTRACTOR Refinishing & Resto	or SUBCONTRACTOR 🗸	Wage DC17 Det:	7000	2 (M	od. 3)	)			ADDRESS	2320 Old Waldorf,	d Washingto MD 20601	n Road				
IO.		63/03/2019	ING						PROJECT A St. Elizab Washingto	eths West	on t Campus B	uilding 54		T OR CONTE 57.1700/0		-MK-C-0020
(1)	(2) SNOT SNOT		Ь <u>—</u>		E WED		FRI S	SAT SUN	(5)	(6)	(7)	(8) DEDUCTIONS	* Other D	1) Local Tax 2) Local Tax 3) Other De	x 2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK LASSIFICATION	2, 2		27 RS WC			2 3 DAY	TOTAL HOURS	RATE .(b) (4)	GROSS AMOUNT	WITH- HOLDING			TOTAL	PAID FOR WEEK/
	Labore Commo	on/General	D O	0	0 0	0	0	0 0	0.00							
			S	0	0 8.00	7.75	8.00	0 0	23.75							
	1 Labore	on/General	D O S 8.0	0 0 00	0 0 0 0 0 0	0 0	0 0 0	0 0	0.00							
	Labore 1	on/General	D O S 8.0	0 0 00 8.0	0 0 0 0	0 0 8.00	0 0 8.00	0 0	0.00							
	Terrazz		D   O	0	0 0	0 0	0	0 0	0.00							

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	ONTRACTOR C	OR SUBCONTRACTOR	Wage DC Det:	170002 (Mod. 3)		O Old Washing dorf, MD 2060							
PAYROLL N	D.		FOR WEEK EN	DING	PROJECT AND LO St. Elizabeths	OCATION Most Compus	Puilding E4		PROJECT OR CONTRACT NO.				
32.0			03/03/2019		Washington, D	.C.	Bulluling 54		G17.0357.1700/GS-11-P-17		-MK-C-0020		
	(1)	(2) STOING LINON SHOULD	(3) WORK	(4) DAY AND DATE  MON TUE WED THU FRI SAT SI	IN	(7)	(8) DEDUCTIONS	* Other D	Deductions - 1) Local Tax 2) Local Tax 3) Other De	2	(9) NET WAGES		
	NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHOLDING EXEMPTIONS	CLASSIFICATION	25 26 27 28 1 2 : HOURS WORKED EACH DAY	TOTAL RA	GROSS AMOUNT	WITH- HOLDING FICA TAX	SWH	Medicare OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.		
(6)		1	Laborer: Common/General	D         0         0         0         0         0         0           O         0         0         0         0         0         0         0           S         8.00         8.00         0         0         0         0         0	0 0.00 0 0.00 0 16.00	4)							
		0	Terrazzo Finisher	D	0 0.00 0 0.00 0 24.00								
			1	3 3 555 666 666 6	24.00								

Date March 7th, 2019	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) (Name of Signatory Party) (Title) do hereby state:	Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
St. Elizabeths West Campus Building 54; that during the payroll period commencing on the (Building or Work)	
25th day of February , 2019 , and ending the 3rd day of March , 2019 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #32
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	NAME OF CONTRACTOR OR SUBCONTRACTOR Atlantic Refinishing & Restoration, Inc.	CTOR 🗸	Wage DC1 Det:	700	002 (Mo	d. 3)			ADDRESS	2320 Old Waldorf,	d Washingto MD 20601	n Road					
	PAYROLL NO. 33.0		FOR WEEK END 03/10/2019	ING	3				PROJECT / St. Elizab Washingt	AND LOCATI eths West on, D.C.	ion t Campus Bi	uilding 54			T OR CONTRA 57.1700/G		-MK-C-0020
	(1)	(2) SNOING LIONS	(3)	OT or DT	MON TUE	WED TH		SAT SUN		(6)	(7)	(8) DEDUCTIONS	* Other D	eductions -	1) Local Tax 1 2) Local Tax 2 3) Other Dedu	2	(9) NET WAGES
<b>b</b> ) (	NAME. ADDRESS. AND Identification Number		OLAGOII IOATION	ST,	4 5 HOUR	6 7 S WORK	7 8 ED EACH	9 10 H DAY	TOTAL HOURS	RATE (b) (4)	GROSS AMOUNT	WITH- HOLDING				TOTAL	PAID FOR WEEK/ Check No.
			nmon/General	D O S	0 0 0 0 8.00 8.00	0	0 0 0 0 00 7.75	0 0	0.00 0.00 0.00 39.75								
			orer: nmon/General	D O S	0 0 0 0 8.00 8.00		0 0 0 0	0 0	0.00								
		Terri		D O S	0 0	0	0 0 0 0 00 7.75	0 0	0.00								
				D O S	0 0 0 0 8.00 8.00	0	0 0 0 0	0 0	0.00 0.00 0.00 16.00								

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

HOURS WORKED EACH DAY HOURS   HOURS	OR SUBCONTRACTOR OR SUBCONTRACTOR (Atlantic Refinishing & Restoration, Inc.	Wage DC1 <sup>-</sup> Det:	70002 (Mod. 3)			Washingto MD 20601	n Road			
NAME. ADDRESS, AND Identification Number  NET WAGES PAID  HOURS WORKED EACH DAY  NET WAGES PAID  FOR WEE  Laborer:  Common/General  D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				St. Elizabe	eths Wes		uilding 54			MK-C-0020
Terrazzo Finisher D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		, ,	MON TUE WED THU FRI SAT SUI	<u>v</u>	(6)		` '	2) Local Tax	2	NET WAGES
Terrazzo Finisher  D O O O O O O O O O O O O O O O O O O	Identification Number		[S]	TOTAL					TOTAL	FOR WEEK/
Common/General	Te		O 0 0 0 0 0 0	0.00	D) (4)					
S 8.00 8.00 0 0 0 0 16.00	Co	ommon/General	O 0 0 0 0 0 0	0.00						

Date March 14th, 2019	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6)  (Name of Signatory Party)  (Title)  do hereby state:	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</li> </ul>
(1) That I pay or supervise the payment of the persons employed by  Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)  St. Elizabeths West Campus Building 54 ; that during the payroll period commencing on the	(c) EXCEPTIONS
(Building or Work)  4th day of March , 2019 , and ending the 10th day of March , 2019  all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company from the full Inc.) (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly	
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:  FICA, FWH, Medicare, State Tax	
FICA, FWIT, Medicare, State Tax	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11-P-17-MK-C-0020, Wage Decision #DC170002 Mod 3 05/05/17,Payroll #33
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE:  SIGNATURE:  (b) (c)
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.